THE LANCET.

LECTURES

ON THE

ANATOMY, PHYSIOLOGY, AND DISEASES OF THE EYE.

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Lecture VI.

Of Inflammation of the external proper tunics of the eye; of the causes of ophthalmic inflammation.

Gentlemen,

External inflammation of the globe, inflammation affecting the external proper tunics, is the *ophthalmitis externa idiopathica* of Beer; the *ophthalmia sclerotica* of Dr. Vetch. The latter term seems to me objectionable; a coat of the eye may be called *sclerotic* or firm, but how can such an epithet be applied to an ophthalmia? Sclerotic inflammation is an expression not open to the same exception, as the adjective there denotes the seat of the disturbance.

This affection, which is common or simple inflammation in subjects otherwise healthy, varies considerably in degree, from slight congestion of the conjunctiva to acute inflammation of the same membrane with chemosis, and similar inflammation of the sclerotica and cornea. Under its various degrees and forms it has been designated by different names. *Ophthalmia levis*, mild ophthalmia, or *tarraxis* denotes the slighter cases; *ophthalmia angularis* obviously refers to a particular seat of the disorder. Xerophthalmia, or ophthalmia sicca, denotes the dryness of the organ in a particular stage of the affection; and chemosis is its most violent and dangerous form.

External inflammation of the eye may be seated in the conjunctiva only, or in the sclerotica and cornea; both cases being included under the vague general term ophthalmia. Although both may without impropriety be called external inflammation of the eye, they are very different in their symptoms, progress, termination, and treatment.

Simple inflammation of the conjunctiva is, generally speaking, an unimportant affection. In consequence of its loose texture, the vessels of the membrane yield readily; there is little pain or inconvenience, and no danger to the organ. I shall speak further of this under the head of catarrhal ophthalmia.

The firmer textures of the sclerotica and cornea only give way under more powerful excitement; they yield to distension with pain,—slowly; their vessels do not easily recover, so that inflammation is with more difficulty subdued; and the implication of the cornea, with the ready transition of inflammation to the iris, exposes the organ to serious danger. I pointed out to you the intimate connexion between the sclerotica, cornea, and iris. We cannot in the natural state trace the actual passage of vessels carrying red blood from the sclerotica to the iris and cornea; but there must be a close vascular intercourse between them; for the iris and cornea are never inflamed without the sclerotica becoming red. On the other hand, when inflammation affects the external proper tunics of the globe, it readily passes to the iris, and thus may extend to the internal structures of the eye.

The symptoms of inflammation affecting the external proper tunics of the eye, are external redness, pain, intolerance of light, increased lachrymal discharge, with more or less febrile disturbance of the constitution.

The external redness begins on the anterior part of the globe, immediately round the cornea, where it forms a red zone. If you examine the circumference of the globe, you will find numerous blood vessels advancing from the posterior part upon the sclerotica, and branching out into numerous ramifications, which are at length lost in the red zone that surrounds the cornea. In in-

flammation of the conjunctiva the redness commences in the circumference, the anterior part being at first comparatively free, and the sclerotica retaining its natural white appearance. The character of the red tint differs remarkably in the two cases. The vessels distended in sclerotic inflammation are those seated immediately upon the sclerotic coat; they are therefore covered externally by the conjunctiva, and, being seen through that membrane, appear of a dark rose red, and sometimes almost of a livid hue, which forms a striking contrast to the bright scarlet tint of the vessels distended in conjunctival inflammation. The redness of the inflamed sclerotica is a rose or pink tint, being seen through the conjunctiva, and such is the colour of the red zone which surrounds the cornea in the early period of the affection. The redness is uniformly diffused through the sclerotic, as if it had been tinged by some colouring substance; thus we find that this membrane is copiously supplied with vessels, although they do not, in the natural state, circulate red blood. When the inflammation is considerable, you may see a dense arrangement of vessels lying under the conjunctiva, and occupying the whole surface of the sclerotic coat; in short, the inflammatory affection seems to produce a kind of new vascular creation, enlarging and thus rendering visible a vascular plexus, of which we see nothing in the natural state of the part. In inflammation of the conjunctiva, the vessels are not only of a bright scarlet colour, but lie nakedly on the surface of the membrane. When inflammation, without being very violent, is seated in the conjunctiva and sclerotica at the same time, you may observe the marked difference in situation and tint between the two orders of vessels.

The conjunctiva soon participates in the affection; its vessels are distended, and partake the inflammatory disturbance. The cornea assumes a sort of dull appearance; it is not actually nebulous or opaque, but its transparency and polish are impaired.

The patient complains of stiffness and a sense of dryness in the eye; frequently he feels a sort of burning, or aching pain; sometimes he complains of a sense of tension, or pressure. Very often the pain and uneasiness are similar to that which would arise from the presence of sand, or gravel in the eye. As the inflammation proceeds, the pain increases, and extends to the back part of the orbit, and more or less to the corresponding side of the head. Intolerance of light is a marked symptom from the commencement of inflammation in the sclerotica; the pupil contracts in order to exclude the light, and the patient carefully avoids all exposure to it. Here is another striking contrast between this affection and conjunctival inflammation, for in the latter the patient generally opens the eye freely, and experiences no pain from the access of light. You may ask, perhaps, what is the cause of this striking difference in the phenomena attending inflammation of two textures so contiguous to each other. Considerable inflammation may exist in the mucous membrane of the eye, without any affection of the globe; thus the disturbance does not approach the retina. But inflammation of the sclerotica and cornea requires for its production a more serious exciting cause; and this disturbance, being seated in the globe itself, must affect more or less the internal tunics generally, and the retina in particular. Hence the intolerance of light, which accompanies inflammation of the sclerotica and cornea, and which is often observed where the transparency of the latter is impaired, a circumstance which, if the internal tunics were unaffected, might, *a priori*, be supposed calculated to lessen the impression of light on the organ.

The redness in the conjunctiva increases, the vessels become more and more distended, at length the membrane acquires a general bright red colour, and in violent cases goes into the state of chemosis; at the same time the cornea loses altogether its bright polished appearance, and turns of a greyish hue. These changes are generally accompanied with increase of pain and fever, and moving the organ is now so painful that the patient keeps it perfectly at rest. The eyelids, particularly the upper, participate in the affection, and the conjunctival lining becomes red and inflamed. At the commencement of this affection the eye feels dry and stiff; there is an interruption of the ordinary secretion, but this is soon re-established, and an increased lachrymal discharge takes place, so that whenever the patient opens the eye to the light there is a copious flow of hot, scalding tears arising from the sympathetic influence of the inflammatory excitement on the lachrymal gland.

Such are the circumstances which characterize inflammation of the external proper tunics of the eye, when fully developed. If the inflammation proceeds, serious changes of structure take place in the anterior part of the organ. The cornea, which in violent inflammation of the sclerotica is generally involved in the affection, is the part which principally

suffers. It first becomes greyish, and when the conjunctiva swells and passes into the state of chemosis, it turns white, cloudy, and then yellow, as if pus were deposited in its texture. In fact, we may say that the cornea has suppurated; the only objection to such an expression being that the matter thus deposited, though yellow like pus, is not fluid, but of a thick viscid consistence. If you puncture the part, the matter does not escape; it does not make its way to the surface, point and discharge like the contents of an abscess, but the cornea ulcerates; the newly deposited yellow substance is exposed, and gradually removed by ulceration. A similar process seems to occur internally, at least a secretion sometimes takes place into the anterior chamber, and a yellowish substance falls down to the bottom of it, producing the phenomenon of hypopium. When the cornea suppurates generally, ulceration commonly extends into the anterior chamber at several points; the aqueous humour escapes, and the iris comes in contact with the inflamed and ulcerated cornea, and is often protruded at one or more points. When the inflammation subsides, the cornea is opaque, the iris adherent to it, and the anterior chamber abolished; in short, the eye, as far as the purposes of vision are concerned, is lost. Sometimes matter is only deposited in one point of the cornea; there is a yellowish appearance at this spot, and a general nebulous whiteness pervades the rest of the cornea. In this case, if the ulcerative process has taken place, its further progress may be checked, and the ulcer may heal, or, by active treatment, ulceration may be altogether prevented; the matter will be absorbed, the cornea nearly regain its natural appearance, and vision be restored entirely, or with little defect.

A less degree of inflammation, accompanied with interstitial deposition, may produce partial or general loss of transparency. The cornea is prone to ulceration, and a breach of its surface produced by this process frequently accompanies external ophthalmia. The ulceration is at first superficial; the ulcer goes deeper and deeper into the corneal lamine, at last penetrates the anterior chamber, letting out the aqueous humour, and producing prolapsus iridis. Penetration of the anterior chamber is not necessarily followed by prolapsus iridis; a portion of the iris may fall against the opening, and seem adherent for a time to the cornea; but, if the opening be small, the iris may be detached on the healing of the ulcer. In general, however, when the anterior chamber is penetrated, prolapsus iridis takes place. The iris remains permanently adherent to the cornea; when the inflammation has subsided, there remains a dark spot, surrounded by a white margin, which is the cicatrix of the corneal ulceration. A similar adhesion of the iris to the cornea (called technically *synechia anterior*) may occur without prolapsus. The vessels of the cornea may become so enlarged under inflammatory excitement, as to admit red blood, and to make the part appear more or less generally vascular. These vessels are branches of the deep-seated trunks lying on the sclerotic coat; they consist of a dense arrangement of extremely minute ramifications advancing from the sclerotic upon the cornea, and are of a reddish brown tint.

Such are the several changes which the cornea may exhibit in this affection. Sometimes it is only rendered a little dull, and no essential change of structure takes place. In less violent attacks, or under proper treatment in the beginning, its transparency is never impaired at all, and the organ quickly regains its natural appearance and powers.

Inflammation of the external proper tunics is distinguished by the redness being originally seated in the sclerotica; by the discharge being lachrymal, and not mucous; by the pain and intolerance of light, and by the changes occurring in the cornea. In conjunctival inflammation, there is increased mucous discharge, little or no pain, nor intolerance of light, except at first, and seldom any affection of the cornea. The degree of danger to the eye will depend on the question whether the inflammation extends to the cornea, and if it does, on the degree of that inflammation. If the cornea is not involved, there is no risk; or if the affection of that part be slight, we need not apprehend any injury of vision. The degree of sclerotic redness in the early stage is a criterion from which we may form an opinion whether it will be severe or otherwise. If the case proceeds to the length of chemosis, if the cornea becomes grey or white, or if matter be deposited in its texture, sight will be more or less impaired. If there is only a deposition of matter at one point, the case is serious; for this cannot occur without violent inflammatory excitement, and it is attended with nebulous opacity of the whole membrane. The effect of opacity or ulceration of the cornea on the subsequent exercise of vision will depend on their position with respect to the pupil. A dense opacity may be uninjurious, if it does not interfere with the pupil; and a

very inconsiderable one may, situated in the centre of the cornea, more seriously impair sight.

What then are the causes which produce inflammation of the eye? How happens it that, when the eye is sound and healthy, it should become affected with inflammation? In the first place, it may be produced by direct mechanical means, such as accidental wounds, or intentional violence inflicted in surgical operations. Such causes always excite inflammation, which will vary in degree according to other concomitant circumstances. This liability to inflammation, after surgical operations, requires our close attention and serious consideration in determining on such measures, and in the previous and subsequent management of the cases. Direct injury to the organ may be produced by various extraneous substances coming in contact with it, or, in popular language, getting into the eye. Minute bodies of all kinds may come in contact with the surface of the organ, pass between the lids, and remaining fixed either to them or to some part of the external surface of the globe, become a source of irritation and inflammation. Some of these may irritate the organ mechanically, as particles of dust, sand, or stone; some may act chemically, such as various acrid substances, particles of snuff, pepper, salt, acrid fumes, and different chemical substances; others may affect the organ both mechanically and chemically, as portions of heated metal. Under the head of chemical stimuli, or irritants, it would not be proper to omit the mention of numerous matters applied to it under the name of remedies. It would seem as if the most delicate and sensible organ of the body had been selected for trying the most violent local remedies. Powdered glass and sugar, wine and tincture of opium, electricity and galvanism, these are the mildest and gentlest of the ordinary local stimuli. White and red precipitate, nitrate of mercury, oxide of zinc, spirituous and ammoniacal vapours, alum, the sulphates of zinc and copper, nitrate of silver, and oxymuriate of mercury, are applied daily to the eye, in the form of solution and various other shapes. The more active escharotics are sometimes resorted to, as the nitrate of silver in substance, and one reads even of the kali purum having been applied to the eye. Pretty strong and almost concentrated nitric and muriatic acid, and the muriate of antimony, are also occasionally employed. The circumstance of these substances being called remedies does not alter the nature of their action on the organ. A small portion of any of them applied to the sound eye of a healthy person would produce a greater or less degree of inflammation, and there can be no reasonable doubt that in many instances where they are applied to the organ, when it is already in a state of irritation and inflammation, they aggravate or keep up the disease which they are employed to lessen or remove.

Immoderate use of the organ, imprudent and excessive exertion of it, is a frequent source of inflammation. In considering this point, we must distinguish between active and passive vision. The impressions of light on the retina are constant during our waking state, but the mere passive exercise of vision seems to be unattended with injury to the organ; yet, the active exercise of the eye, employed perhaps on minute or bright objects for a great number of hours successively, by day and by night, is capable of exciting inflammation in it. Numerous classes of persons in the community are in the habit of over-exerting the organ in this way; such as females engaged in the various departments of needle-work, persons employed in writing, as lawyers, merchants, and bankers' clerks, printers' compositors, mathematical instrument makers, and a great variety of persons engaged in the various manual crafts.

Various external influences, particularly those of an atmospherical nature, are capable, under certain circumstances, of exciting inflammation in the eye. Of these I shall have occasion to speak more particularly, when I come to catarrhal ophthalmia, merely observing at present that such a state of atmosphere as constitutes the dense winter fogs of London will cause smarting and soreness of sound eyes in healthy individuals. The effects of bad air, or noxious effluvia, will be adverted to in considering purulent ophthalmia; but it may be stated here, without attempting to explain how it occurs, that the air of hospitals, workhouses, close rooms, in confined situations, is injurious to the eyes, favours the continuance of inflammation, and retards recovery from operations. Complaints which have been lingering on in spite of every effort at cure, in such situations, get well of themselves when the patients are removed into good air. The improvement is often so rapid, that we seem obliged to admit, under such circumstances, a direct noxious effect of unwholesome air upon the organs, in addition to the well-known injurious influence upon the system at large.

Exposure to light may be injurious to the eye, either by the sudden impression

of very powerfully luminous objects, as a flash of lightning, or looking at the sun in eclipses, or by the longer use of the organ under less intense light, as that of lamps, or gas lights, or by its employment upon bright metals or other shining objects. The injurious effects are aggravated if the exposure to light be accompanied with heat, as is the case in the occupations of cooks, workers in glass-houses, iron founderies, &c. Some forms of light irritate the eye more than others; thus reflected light is more painful than an equal quantity of direct light. The glare reflected from the sea, or extensive sandy surfaces, particularly in warmer climates than our own, is extremely offensive to the eye. Even in this country, where we are not usually troubled with the brightness of sun-shine, persons sometimes experience inconvenience in travelling, from the white roads in chalky soils. The pain occasioned by the exposure to light is particularly felt by individuals labouring under inflammation of the external tunics of the eye-ball. This affection is very prevalent among the Esquimaux, and the inhabitants of other high northern latitudes, and is so obviously caused by the powerful reflection of light from the snow, which covers the earth for many months in the year, that it is commonly called snow-blindness. Some of the contrivances of those people to protect the organ from this source of irritation are extremely ingenious. Particular colours, and combinations of colour are found to be painful to the eyes; thus it is well known that red is offensive, and green agreeable to them. Variegated surfaces, presenting a great variety of colours, are annoying to the eye; thus persons who are obliged to look much at patterns of articles in linen and calico often complain of the painful effect they produce on the eye.

These causes of ophthalmic inflammation are of two kinds; those which act mechanically or chemically on the organ necessarily produce more or less inflammation. One case of this kind may be serious, and another slight; but in some degree or other this class of causes produces inflammation to whatever eye they may be applied. The other agencies, such as atmospherical influence, exposure to light, and considerable exertion of the organ, by no means invariably produce inflammation. In some individuals long exposure of this kind will produce no injurious effects, while in others a very slight degree of it will occasion considerable disturbance in the organ. To produce disease, therefore, it is necessary, not only that an exciting cause should be applied to the eye, but that either the part, or the individual, or both, should be in a state susceptible of the action of that cause. The same exposure or employment of the organ which would produce no inflammation in the sound eye of a healthy person will, under certain conditions of constitution, excite inflammation. We must therefore inquire into those predisposing circumstances, which, though they do not immediately affect the organ, render the body susceptible of disease. In investigating these causes, we find the evidence much less clear and direct, than in the other cases. Those alterations in the state of the constitution, which bring individuals from perfect health into a state susceptible of disease, are produced in a length years, and by the continued application of influences, which do not act immediately or visibly at any one time. We cannot trace their direct influence, as we cannot see the hour-hand of a watch move; but we judge of it by the effects which are sensible after a considerable lapse of time.

As the eyes are parts of an organic system, connected with the rest by vessels and supply of blood, by nerves, and by reciprocal sympathetic influence in health and disease, the remote or predisposing causes must be the same for them as for the rest of the body. One of the most important of these is that which is popularly termed fulness of habit, and more technically a plethoric condition of the system, arising from errors in diet; from excess or imprudent indulgence, in the quantity or quality of our food and drink. These indulgences produce and keep up an unnatural excitement, under which accidental circumstances more readily occasion disease, and that disease partakes more of the acute inflammatory character. These habits of indulgence are attended with direct stimulation of the stomach and intestines, organs of almost universal sympathy, and by furnishing an excessive quantity of new supplies, they overload the vascular system altogether, bringing it into a state in which local disease is very easily produced.

When too large a quantity of aliment is introduced into the stomach, the effect, after a time, is to produce disturbance in its functions, and to impair the digestive powers, so that those healthy changes, which the food ought to undergo previously to assimulation, are not properly performed, and consequently the functions of the intestines become more or less disturbed. The alimentary canal is loaded with ill-digested aliment and morbid secretions, and the supplies taken up

by the lacteals, instead of furnishing healthy nourishment, may be rather said to convey the seeds of disease over the whole body. Individuals are not aware of the effects of the habits in which they daily indulge, until at length symptoms of disease and derangement manifest themselves in various parts of the animal economy. In the first instance the plethoric condition of the system is evinced by increase of bulk and by a florid and rather healthy appearance. But when we come to investigate the matter more accurately, we shall find that such individuals are by no means in a healthy state. In order to see the effects of the habits I have described, it is necessary to look at cases in which they have been carried to an excessive degree. In London we have an opportunity of observing these effects on an extensive scale. A large proportion of the individuals employed in various working departments obtain high wages, which they spend chiefly in direct sensual gratification of the grossest kind. It is no uncommon circumstance for men employed in the coal business, brewers' servants, draymen, porters, and others, who are, generally speaking, fine robust men coming out of the country, to consume 6, 8, 10 and 12 pots of porter a day, besides gin, and a full allowance of animal food. You certainly see many of these who, if you regard fulness of flesh and ruddiness of complexion as signs of health, may be considered as fine specimens. But these persons are subject to inflammatory attacks of the most violent kind, which they bear very ill. Slight injuries, which, in others, would be wholly unimportant, produce in them severe inflammation which often runs into erysipelas and terminates in gangrene and death. I have seen the whole lower extremity mortified up to the groin, in 36 hours, from a simple scratch of the shin, in a drayman. They live, in fact, on the brink of disease; the slightest accident very commonly carries them off, and if they escape casualties, the continuance of their intemperate habits leads to inflammation of some of the thoracic or abdominal viscera, which either proves fatal in its active stage, or, by causing dropsy, leads more slowly, but with equal certainty, to dissolution. The majority do not survive the age of 50; hundreds of them die in our Hospitals from change of structure in the viscera, and afford us ample opportunities of investigating the changes consequent on inflammation, and of demonstrating, in its fatal termination, the effects of such a mode of life. In the Natives of India we may contemplate the effects resulting from an opposite mode of life. The religious notions of the Hindoos induce them to abstain from animal food, and they live entirely on rice and other vegetable diet. They are small in stature, slender limbed, and very well formed; the symmetry of their figures not being impaired by any superfluous fat; yet, in active exertion, fine well-fed fat Englishmen are quite unable to compete with these slight Indians, who greatly surpass us in all feats of activity, such as running, walking great distances, &c. Accidents or diseases which, in full-fed Europeans, would be attended with severe inflammatory excitement, produce very trivial effects among the Natives of Hindostan. Severe injuries cause very little febrile disturbance of the constitution, and they recover very commonly under circumstances, which would be considered desperate in individuals of different habits.

The luxurious habits of the higher classes, their numerous dishes and wines, their indolence, and their artificial mode of life, produce, in a more refined manner, effects similar to those brought on by the intemperance of the lower orders. The effect is the same, though the indulgences of the former appear to be of a less gross and sensual character.

Habitual excess, particularly in the use of fermented liquors, not only causes general fulness and excitement, but more especially affects the head, causing increased activity of circulation, in which the eyes participate. A single hearty meal will cause visible vascular fulness, redness, heat, flushing of the face, beating and throbbing of the head; these phenomena being followed by headach, drowsiness, and more or less incapacity of mental exertion. Can we suppose that the daily repetition of these causes will fail to produce ultimately the most serious consequences? The mischief is aggravated when the return of blood from the head suffers any impediment, as by the pressure of any parts of dress upon the neck. In this way tight neck-handkerchiefs, and the stiff stocks of the military, have been very prejudicial.

From these considerations it is obvious, that in many cases we ought to direct our attention, not so much to the organ which is the immediate seat of disease, as to the influence of certain habits and circumstances upon the system at large. At all events, if under the immediate urgency of active disease the state of the suffering part should require our first care, the prevention of future disorder

cannot be accomplished without such an investigation as I have now pointed out.

The suppression of habitual discharges will obviously favour the occurrence of general plethora; thus ophthalmic disease, as well as other local affections, often owes its origin to the non-occurrence, the interruption, or the cessation of menstruation. A disordered state of the alimentary canal and its connected organs may influence any part of the body, and thus become the predisposing cause of any local disease. Such disorder may occur without intemperance, without any marked imprudence in diet, or any evidence of general plethora. Sedentary occupations, particularly those carried on in close and crowded dwellings, making people neglect air and exercise, which are as necessary to health as food is to actual existence, produce indigestion, costiveness, and all their attendant train of evils. They impair the energy of the nervous system, rendering it weak and irritable, and this again disturbs the functions of the stomach and bowels. The concurrence of such circumstances aggravates the bad effects of imprudence in diet; when we consider that in a large portion of the community all these predisposing circumstances are united with the direct exciting influence of excessive or injurious exertion of the organ, we shall cease to wonder at the numerous instances of inflammation in all the textures of the eye that daily present themselves to our observation. Excessive exertion not only immediately causes inflammation, but, when habitual, by keeping up an unnatural excitement, is a powerful predisposing cause of disease.

In considering predisposition to disease, the question naturally occurs, whether light or dark eyes are the most susceptible. It has been generally supposed, that light are the most prone, but this is doubtful. Dr. Smith, an army surgeon, found that in 176 diseased eyes, 116 were light, and 60 dark, which is about 2 to 1; but in 2163 sound eyes, there were 1500 light, and 663 dark, which is nearly 5 to 2.*

* Edinb. Med. and Surg. Journal, No. 68.

REVIEWS FROM THE WEST.

Medical Report of the Fever Hospital and House of Recovery, Cork-street, Dublin, for the year 1825; *with Observations on the Contagion of Plague and Typhus Fever.* By RICHARD GRATTAN, M.D. &c. &c. Dublin, 1825.

THROUGH the agency of this incomparable Institution, the inhabitants of Dublin have sought, and with comparative success, for the last twenty years, to protect themselves from the effects of an epidemic to which their city is peculiarly subject. A double object has been thus attained—the helpless victim of fever relieved; the rich, partially secured by limiting the influence of contagion. Some idea may be formed of the utility of such an establishment when it is stated, that nearly five thousand fever cases are annually treated in its wards, and by contemplating on the other hand the frightful consequences of such a mass of disease left to operate, unchecked by medical aid, on the most wretched civic population on earth. Those persons only, indeed, can fully appreciate the magnitude of such an evil, and the advantages of such a remedy, whose professional avocations have introduced them into the labyrinths of domestic distress, in certain parts of Dublin, where fever is found almost invariably to exist; where misery, piled on misery, (every floor being tenanted by one or more families,) rises into the very sublimity of human wretchedness, far surpassing Juvenal's picture of Roman poverty, *quem tegulæ sola tuetur*: for here the last members in this storied climax of stratified destitution are often unshielded by a slate itself from the winds of heaven.

The vigilance of the press should not be wanting to an institution which the

preceding state of things has called into existence. We have accordingly availed ourselves of the first opportunity which presented itself to place this useful hospital before the public, by undertaking a critical notice of its proceedings, just published. We should premise, that it is usual for one of the six or eight physicians, who attend this institution, to favour its patrons with an account of the number of patients admitted; the relative deaths and recoveries, as compared with the results of former years; the character which the epidemic may happen to assume; the treatment found most successful; to write, in short, a sort of medical history of the house for the last year. The design is obviously good, and, if executed with talent and fidelity, might be productive, even to the profession, of numerous benefits. Seldom, indeed, are the opportunities of investigating fever found so extensive in any one establishment; much, therefore, on this subject ought to be expected from the medical officers of such a place.

It has fallen to the lot of Dr. Grattan to have been the annalist of the institution more than once, so that he cannot plead inexperience, either as a writer or as a physician, in the event of his having made out what we fear must appear a very ridiculous Report. On the contrary, Dr. Grattan, a long time connected with the Fever Hospital, is quite an amateur of the "quill," a dabbler, too in nosology; a writer on the state of his own profession, and, in the present instance, the dictatorial arbiter of all the late controversies on contagion. From one of such diversified attainments and lofty pretensions what might not the humble critic expect? If not sanguine enough to hope for perfection from so rich a source, he might, at least, anticipate comparative excellence—something appropriate to the occasion which called it forth, and, if not entirely new, which might add to our information or correct that which we already possessed. Such rational expectations has the illustrious personage alluded to had the cruelty, notwithstanding his celebrity and his opportunities, to disappoint. Instead of edifying his readers by enumerating his victories over typhus fever in the Cork-street Fever Hospital during the last year, he is amusing them by a Quixotic combat with Doctor Maclean's "windmills" in London, and by disputing the prior discovery of certain facts claimed by Dr. Armstrong in his lectures. We should have no objection if a writer, in the performance of a prescribed duty, should indulge in a controversial divertisement to cheer him on his way, as Irish workmen lessen the toils of harvest by the accompaniment of a song, but, really, for Dr. Grattan to give us only the song, and leave the corn standing, is a species of economy in labour which we cannot well understand. Whether the omission of every particular in which the public feel interested about the fever hospital was designed or accidental we cannot pretend to decide, but certain it is, that in this Report of fifty pages there is but one passage, of some twenty lines, devoted to what should be the legitimate subject of the entire essay. That a writer should forget a minor feature in his work is what might be expected, but to forget his whole subject, is a lapse of memory so extravagantly ridiculous that it could only occur in the production of a native of the "land of bulls." As reviewers, however, we are bound to follow him wherever he wings his way, and, like the summer attendant of the cuckoo, to pursue him in his most capricious flights.

Our precursor, then, in this flight of fancy, sets out in his career by proving what never yet was doubted—that doctors, lawyers, and divines (heaven bless

the trio!) differ; but wisely infers, that difference of opinion only developes truth by discussion, and that such difference is therefore a benefit rather than an evil to society. This may be all true, but it would be just as well for the safety of the public, and for the reputation of the medical profession, if doctors were not quite so fond of disagreeing. Some excuse will be taken, however, for the predilections of an author just ready to plunge into controversy, and to elucidate the advantages of discrepancy of opinion in his own person. This preliminary being settled to his satisfaction, he sets about making shackles, which he is to wear, as he informs us, during the controversy, lest in the heat of the contest he might "overstep the modesty of nature" by indulging in personalities; but no sooner does he enter on the discussion than the silken cords of politeness, by which his motions were to be confined within gentlemanly bounds, seem to have as little restraint on his movements as fetters of a more substantial kind have upon the dancer of a hornpipe on the stage.

During the late epidemic, Dr. Stokes had written a pamphlet, in which he asserted, that typhus fever was a contagious disease; with this pamphlet Dr. Grattan commences the war:—

"The object of the pamphlet, which passed, I believe, through two editions, was to prove that the prevailing fever was produced by contagion *alone*, and that its progress could only be arrested by destroying the contagious principle.*** It occurred to me, that this view of the subject was not in every respect correct. I had been long convinced that the presence of contagion was not invariably necessary to produce fever, and the more I directed my attention to the point, the more strongly was I satisfied that fever might originate, in numerous instances, in which it would be quite absurd to suppose contagion to have been the exciting cause."

Now we can assure such of our readers as have not seen Dr. Stokes' benevolent pamphlet, that it is nowhere asserted in that essay, that contagion is the *sole cause* of typhus fever, if our memory serves us rightly. Such an inference, therefore, is a gratuitous fiction of Dr. Grattan's, for which his conscience, or his understanding, is accountable. The imaginary victory, however, was only achieved for the purpose of introducing the conqueror in the modest attitude of offering incense at his own shrine, a duty which he performs with the most becoming zeal in the following manner. Be hushed, ye winds, while the god turns priest to sacrifice to his own divinity!

"These different matters, which I have just briefly alluded to, I enlarged upon, and endeavoured to illustrate by such facts and observations as seemed likely to place this subject in a proper point of view. My Report was published in the third volume of the Transactions of the Association of the Dublin College of Physicians, and attracted, at the time, some attention. It was noticed, in a flattering manner by several of the medical journals and reviews, and has been referred to, I am informed, by some writers in France and Germany. It had the effect, as far as an ephemeral publication of that kind could have, of counteracting the erroneous opinion, 'that contagion was the *sole* cause of fever,' an opinion which is now scarcely maintained by a single individual."

This passage is not less remarkable for its modesty than for another quality to which Dr. Grattan seems no stranger, namely, the inaccuracy of his statements, for it is really too heavy an infliction upon patience to be obliged to hear any individual claim a discovery (if discovery it can be called) which would puzzle an antiquarian to trace to its proper owner, it being the acknowledged belief of all well-educated practitioners for many years, that typhus may originate spontaneously, or be excited by contagion.

The next intellectual tournament in this series of logical combats is against Dr. Maclean's phantoms, which something

more powerful, we fear, than a heated imagination has given birth to; but in mercy to our readers we must spare them by declining to give a detailed account of this portion of the controversy. Let it therefore suffice, that Dr. Grattan's wit on the occasion is very keen; that his arguments are quite convincing; that his proofs by analogies are as sound as such things generally are; that being on the right side of the question he luxuriates in his own superiority, and that if Dr. Maclean survives the force of his reasoning, he is not destined to perish by any thing connected with contagion. To this contest succeeds another, much of the same kind, with a Mr. Larkin, a disciple of Macleanism, who in a luckless hour had the hardihood to proclaim his disbelief in the contagious creed, and to speak irreverently of Dr. Grattan's celebrated Report in a paper published in the London Medical and Physical Journal. The reader will be able to form some notion of the importance of the discussion carried on between these gentlemen, by furnishing him with a few specimens selected from the lucubrations of both parties:—*Grattan loquitur*—

"In speaking thus of his rational and argumentative powers, I by no means, however, presume to question his statement as to his extraordinary physical strength, which must be prodigious. I admit his great superiority in this respect; I appeal to his generosity, and only intreat him not to 'bury and crush me beneath a mountain!' I am not aware that, since the era of the giants, any one, with the exception of Mr. Larkin, ever pretended to be able to remove whole mountains from their foundations, and heap them on each other. This power, however, Mr. Larkin possesses in a superhuman degree. His words are:—'The number of these facts I could have increased, and had it been necessary, have piled Pelion on Ossa; but the labour would have been a mere waste of time and of strength'!! It is quite evident that he here speaks of his muscular powers, and capability of accomplishing this wonderful feat, and not figuratively as I was at first inclined to suppose.*** At the same time I may be permitted to advise him not to over exert himself unnecessarily. Like every thing sublunary, his strength must have its limits, and there may be some things too difficult even for Mr. Larkin to accomplish. This he himself acknowledges when he says:—'I shrink and recoil from my task, overpowered by a sense of my own weakness. Would that I had the Atlantean shoulders fit for the support of so weighty a subject'!!! This admission has at all events contributed to re-assure me as to my personal safety. As the Irish channel is fortunately interposed between us, Mr. Larkin may hurl a mountain at me if he pleases, as I am convinced the utmost projectile force he can apply will not be sufficient to drive it half way across."

Whither the text or the comment, in this instance, possesses the most merit of a certain kind we cannot pretend to decide, "*Non nostrum inter vos tantas componere lites*;" of a game of throwing mountains we confess ourselves incompetent judges; Baron Humboldt is perhaps the only man living qualified to pronounce upon such a lofty amusement. Mr. Larkin, the proposer of this gigantic warfare, having, like his brethren of old, received the reward due to his temerity, the Westminster Review and Dr. Armstrong are next tied up to Dr. Grattan's critical triangles, to smart under the lash of his wit. Of Dr. Armstrong's celebrated lectures he speaks thus:—

"Having perused Dr. Armstrong's lectures on typhus fever, as they have lately appeared in a periodical work, [THE LANCET would have been the shorter form of expression, but not so well suited to the liberality of the 3s-3d author of a 'Compendium of a Practice of Medicine,' intended we suppose to supersede 'Buchan's Domestic Medicine.'] I cannot discover in them any remarkable specimen of originality, nor do I think their merit is such as ought to render him anxious to regard them with the parental fondness he seems to do."

Very probable, indeed, Dr. Grattan, but such an opinion does not come with all the grace of propriety from the Fellow of the Dublin College of Physicians, whose lectures, so heaven help us, are a

disgrace to the whole profession. Is it from Sir Patrick Dunn's Hospital that we are to expect that any thing so good in their way as Dr. Armstrong's lectures is to emanate? In whatever light these productions may be looked upon by others, we must say that they are characterized by a freedom of thought, a contempt for antiquated usages, a minute accuracy of observation with a comprehensiveness of design, which, though they should contain some speculative errors, might have protected them from the denunciation of jealous intemperance. In the remainder of the discussion between him and Dr. Armstrong on the subject of contagion, the *pros* and *cons* which have appeared for the last twelve months are again marshalled anew, but without receiving any additional force of argument, or any further illustration by altering their former dress. The same may be said of the portion of this pamphlet which relates to the articles in the Westminster Review; the prominent facts, arguments, and analogies of these essays, are selected and opposed by others of the same description, but not a word about the Cork-street Fever Hospital, except the following paragraph, which we extract to show how a physician may spend his time for twelve months in the superintendance of an extensive fever establishment.

"With respect to the internal occurrences of the Hospital I have nothing to communicate. Having formerly explained, at considerable length, the precepts which regulated my practice in fever, and those having received the approbation of the principal Medical Reviewers in London, it is not necessary for me to revert to them again. I have of course made some additional observations, grounded on the increased experience which I possessed, and these observations, when more matured, I shall probably submit to the public. But generally speaking, my practice is the same it formerly was. I have adopted no exclusive theory, nor do I invariably follow one mode of practice, to the exclusion of another. I am decidedly opposed to all violent extremes; I neither approve of profuse or indiscriminate bleeding, nor do I, on the other hand, reject its use altogether. The same opinions I entertain on every other remedy. Instead of supposing that every case of recovery from fever is to be entirely referred to the particular management adopted by the physician, I am inclined to ascribe a considerable part of the result to the efforts of nature herself, and believe that in many instances an unnecessary interference with some of the different forms of fever is much more pernicious than the absence of all medical treatment. It appears from the monthly reports of admissions and deaths, the returns of which are regularly published, that the mortality during the past year, and some of the succeeding, has been seldom exceeded by any before known in the history of the Hospital. During the year to which my former Report referred, the mortality was not quite one in thirty, but that of the past year presents the formidable average of one in twelve," &c. &c.

The Doctor continues to observe that this extraordinary disparity of deaths in different years would form an interesting subject of investigation. We wish he had availed himself of the opportunity to exercise his pen upon some more rational and pertinent object than Doctor Maclean and his followers, who we fear are not to be convinced, though they may be convicted of error, by Dr. Grattan's ratiocinations. Into this controversy we have declined entering; the public are weary of it; most medical men have their minds made up on the subject; we have expressed our own opinions on the question on a former occasion, and we have now no reason to retract, or to repeat them.

OBSERVATIONS

Upon "IGNOTUS *on the Medical Profession*," *and* "NECTEMERE *in reply*." By a SURGEON, APOTHECARY, AND MAN-MIDWIFE.

To the Editor of THE LANCET.

SIR,—In turning over some old numbers of the Repository the other day, (a somewhat morbid taste, you will say,) or what a pastoral friend calls "chewing the cud," I chanced to stumble upon two papers in Nos. 87 and 89, written by a wag, yclept, or ycleping himself "*Ignotus*," and a third in No. 93, professing to be a reply to the above-mentioned two by, evidently, a *no-wag*, under the *nom de guerre*, "*Nectemere*," a name which it behoves his god-fathers and god-mothers, for the edification of all good Christians, to explain and etymologize; for whether it be intended for a christian or sir-name would puzzle my father Shandy, although his brother Tobias, (heaven bless the kind soul,) has suggested that it is probably a sort of *double entendre*, i. e. meant *for both*—*Nec* being that by which he was christened, and *Temere* the one which descended from his ancestors, and giving as his authority, that when a boy, he remembered to have found in his dictionary that *Nec* was a conjunction, meaning "*nor*," and *Temere* an adverb, signifying "*rashly*."

Now, as the said *Ignotus* happened to be "*notus* mihi," but I must also add, "nomine tantum," curiosity induced me to look what it was all about, and what could have set two such doughty champions a tilting at each other.

I have said that the former of the two was known to me by name, and *name only*; and I wish especially to impress this upon the reader's notice, as I more than suspect, that he were best as a mere nominal acquaintance. I may also add, that even this slight knowledge of him was purely accidental, and had he still been in the land of the living, and inclined to plume himself too much upon it, I should just have reminded him, that a bug may be bed-fellow to a lord, but that he would be a vain bug to boast of the honour, or, if Lords have thinner skins than Commoners, to fare well and cry 'roast meat.' In good truth, our acquaintance commenced and terminated within one short hour.

Towards dusk, in the month of September 1821, my medicine-carrier (a parish *nullius filius*, by the bye, and the prince of Mercuries, for he once ingeniously lowered into the area a cargo of drugs which were refused admission at the door, instead of returning them upon my hands,) summoned me to the surgery, (woe-betide the wretch who converted the S into a P the other night,) summoned me, I say, (the deuce take parentheses,) to the surgery, where I was accosted by a thin hungry-looking man, shabbily dressed in black, who said that he had just been set upon by a masked assassin, and cruelly beaten, and that he wished me to examine his wounds, and exercise in his favour those arts, "quæ (tell truth and shame the old one) prosunt omnibus."

While going through the routine of twisting that joint, and rotating this; kneading his ribs and knuckling the contents of his abdomen, I ever and anon cast my eye (my grandmother on my mother's side was a physiognomist) upon his countenance, "Heu quam difficile est, crimen non prodere vultu!" There was, indeed, the "assassin's eye, the gladiator's heart!" and ("horresco referens") instead of a fracture with *depression*, I found, upon fumbling over his skull, a most (according to aunt Tabitha, who has had all the paupers of the parish close shorn, and says it is a sin that judges and juries do not follow the example with criminals) *murderous elevation!!* I had been handling a murderer! and I had considerable doubts whether I was not in duty bound to cut his throat, or give him a dose of poison; but as our laws are sadly deficient in this respect, and will not allow a pious good christian to give his neighbour a passport to eternity, at the moment when he has imbibed a good meal of grace and repentance, and before the period of dyspeptic rejection arrives, and are rather given to recompense with a halter any *extra* professional use of the knife, or the potion, I refrained, and contented myself with what I conceived the pious fraud of saying, that he was hurt unto death, and, holding out my hand, that he had but a brief period left to settle his account with both the devil and the doctor. Conscience-stricken, he seemed to retire for a while within himself, and having communed a little with the inward man, he thus addressed me:—

"My name is"—here he faltered, and on a second failure, said with a sigh, "it matters not; I have falsely called myself (hinc illæ lachrymæ) *Ignotus*, and have impiously profaned the sacred craft of the apothecary, and abused (he is indeed a foul bird that defiles his own nest) its sanctity; chirurgery I have also aspired to, and, like the presumptuous Phaeton of old, have dared not only to

look Apollo in the face, but to seize his reins, and attempt the guidance of the chariot of light. Proud of my ephemeral successes, I had become to myself a molten image, but alas! a stone cut out from the mountain has demolished the frail idol, ruit alta ruina—and *Ignotus* perishes from the blows of *Nectemere*."

At this instant I was suddenly called to the fourth cousin of Lord Goslin's lady's lady's-maid.

Peter Pindar, (one of the cloth, by the bye,) in his day, might have found some difficulty in spitting out of his window without bedaubing a peer; but I have no such luck, and as Rome was not built in a day, and "nemo repenté fuit turpissimus," I must be content to make thus warily, and distantly, my approaches towards his lordship. Dr. Brodum's first patient was a lady's lap-dog, a *canine* one, I mean; but, to resume—upon my return, *Ignotus* had expired! *and expired unknown.*

His remains were deposited, at the parish expense, in a remote corner of the village church-yard, and an advertisement inserted in the provincial newspapers relating the circumstance. Shoals of letters with mourning edges and blackened seals poured in from friends and relatives, all anxiously inquiring "whether he had revealed his name," "made a will," and "what property had been found upon his person." One only, and that in a retiring female hand, "piously hoped that his latter end had been peaceful," that "the rites of sepulture had been decently performed," and enclosed a small sum, but evidently large to the donor, with a modest request, "that it might be expended upon a plain simple head-stone, engraved "*Ignotus.*"

Twice in each year has the same handwriting anonymously and unostentatiously remitted its small pittance to "weed his grave clean," and perpetuate his memory. This autumn the accustomed tribute has failed—death, and death only, can have palsied the hand which had so long kept up the delicate vibration of this tender chord of sympathy!

After a nine days' wonderment, it was finally determined by the charitable gossips of the place, that the late defunct was *no christian!* because he died unshriven, and that, for the same reason, he must have become an inhabitant of the *nether* of the two next worlds; that he was a *materialist!* because, when he found his end approaching, he applied to a doctor, and not to a parson—to a curer of bodies, and not of souls; that he had a strong bias towards popery! having quoted Latin; that he must have been an illegitimate son, having concealed his name; a swindler, assuming that of another; impious, inasmuch as he called the profane act and mystery of the apothecary, sacred; a demoniac, in referring to the heathen mythology; an infidel, for taking an image from scripture; a seducer, fornicator, or adulterer, or probably a Trinitarian sinner, the *three in one*—witness, the female hand writing; *insane*, having asserted that he had received a death blow from one "Nectemere," a name neither Greek, Latin, nor Arabic, and a being only of his diseased imagination; and finally, a murderer! because Aunt Tabitha, and Gall and Spurzheim, said so! The fair, and probably forlorn, correspondent was dismissed in one word; she must have been a ——, because she had a kind heart, and her attachment survived its object!

Happening in the course of my professional duties to be at our assize town, for the purpose of giving evidence that a hussy (poor thing! she looked innocent, but *her own soft sex* universally condemned her) had committed child-murder, for this palpable reason, *that the lungs floated*, I mentioned in the presence of one who seemed to take great interest in the infanticidal mother, and to be something more than sceptical as to the infallible grounds of my evidence, upon which she was cast, and the motive (I am no motive-monger) of the universal reprobation of her own sex, the affair of *Ignotus*, and perhaps, too, with somewhat of an apothecary's science, when he transfixed me with a look, and a "Sir, your conclusions are uncharitable, and your accusations false. I knew the deceased well; where he was born, or what is the genealogy of his parents, are points in which very few can be interested. His life was one of those humble streams which have scarcely a name in the map of existence, and the traveller may pass it by, without stopping to inquire either its source or direction. His character was well known to all who were acquainted with him, for he had too much vanity to hide his virtues, and not enough of art to conceal its defects. The faulty traits of his mind will probably survive him, but the few for which he was really valued live only in the remembrance of his friends; as unambitious as indolent, he scarcely ever looked, in the few fugitive pieces which he penned, beyond the moment of composition. He wrote as he pleased, careless whether he pleased as he wrote. None can regret this more sincerely than myself; and if my friend had lived, the judgment of riper years might have chastened and tempered his

mind. Peace to his ashes." I dared not hazard a syllable either in reply or extenuation; vox faucibus hæsit, and I quitted the room.

Silenced, but not convinced, I find upon the revival of our rather singular acquaintance, which the perusal of the before-named papers has produced, that the old leaven has not yet completely worked off, and that, notwithstanding his friend's panegyric, (who was that friend by the way, and ought he not, like Sir William Draper, to have called witnesses to character?) I am still inclined to think the defunct Ignotus was at least a very suspicious personage. However, be that as it may, and be he at the present instant a "spirit of peace, or goblin damned," his papers and opinions are at all events fair game, and therefore here goes, "lay on Macduff."

Bred and born (for I entered the world to the music of a pestle and mortar) a "Surgeon, Apothecary, and Manwidwife," I cannot tamely sit by, and hear that by which I live, and move, and have my being, called into question, and held in disrespect, and, however (as the modest Mr. Nectemere says) unequal to the task, I enter upon it, in the absence of a more able-bodied workman.

Ignotus assumes for his motto (it does not appear in all the copies) "Pharmacopolam, nam ejus verba audiuntur, verum ei se nemo committit, si æger est"—and he puts at the bottom "*A. Gellius.*"

Now it is not a quotation from Aulus Gellius, but from Plato; whence either Aulus Gellius quotes Plato, and Ignotus quotes A. Gellius, or Ignotus has manufactured it.

"Pharmacopola" too, does not, and never did, mean an Apothecary, but a *Quack*, and we all know that apothecaries and quacks are a distinct genus.

The "*learned Theban*," as he sneeringly calls him, although I shall, in loco, prove that he was *no Theban*, goes on to state, that although people may listen to his, i. e. the quack's, not the apothecary's, gibberish, yet that no sick person is committed to him; certainly not, a man is committed to a jailor, and not to an apothecary; and, finally, the said motto not being in good medical Latin (for who writes in a prescription, *si opus est?*) it follows that neither Ignotus nor Plato, nor Aulus Gellius, were as well educated or as classical as a modern apothecary. So much for the motto.

As to *Dr. Johnson's definition of a profession*, I snap my fingers at it;—does not the same great man define the difference between "a horse chesnut and a chesnut horse" to be "that the one eats—the other is eaten"?—does he not also tell you, that "a saddle is a piece of mechanism adapted to a horse's back"—and that a horse is "an animal formed for a saddle"?

Taylor too—who is he?—we have heard of Jeremy Taylor, and Taylor's architectural library, and Dr. Charles Taylor, secretary to the Society of Arts, &c., to whom "*a lady*" has dedicated, "*by permission*,"—a—"*family receipt book*"!—but who ever heard of "Taylor's English synonyms discriminated"?—I must own that a friend has whispered in my ear, that it is an excellent book; but in the same breath he has signed its condemnation, by adding that it is cheap, with a fair quota of letter press, and scanty margins, and published by—*nobody*.

The Divine, the Lawyer, and the Physician, are next lugged in, neck and shoulders; now I contend (a fatal flaw in the indictment) that the order of precedence is not here observed, for Law, Physic, and Divinity have always scanned as glibly, as "Tityre, tu patulæ"—and it is as unpoetical, unclassical, and injudicious, to destroy this harmony, as to read "Patulæ tu Tityre"—or, to rub a cat's coat the wrong way; a man about to depart first makes his will, then takes his physic, and lastly, the sacrament; should he invert the order, and put physic first, he might chance to have no time for the other two; and if the doctor comes last, he treads too close upon the heels of his friend the undertaker; it is putting the carriage before the horses, and, in neither case, can the journey be either pleasant or prosperous.

He (Ignotus) tells us, that "*professional men carry their stock in trade within their crania, or skulls.*"—God help them!—'tis a small store-house, and often too but slenderly stocked; besides, does he mean to assert that a lawyer, carries all his briefs, a divine, his texts, and a physician, his prescriptions under his hat? Pshaw! the thing is impossible.

He talks too about "*blending and amalgamating physic, and the medical profession.*"—I have heard of mercury amalgamating with the metals, and I know that physic is blended in a mortar, and that a chemical decomposition takes place; but his "professional" and "learned" decomposition are quite beyond my ken.

"*A surgeon,*" *he goes on to state*, "in common with, &c. &c. may claim his station amongst those who exchange intellectual exertion for money, but whence the apothecary derives his claim," &c. &c. —whence? why, from the same source.

Is not his intellectual exertion?—what can be more so than pill making, plaster spreading, gallipot scraping, and draught shaking, accompanied, as it may be, by humming an Irish melody, spouting Shakspeare, quoting Horace, or mouthing Byron? Would that he had been accustomed to such intellectual pursuits, he could not then, after his affectation of euphony too, have been guilty of another mis-quotation; "the rose will smell as sweet," &c.—bah!—the flower we call a rose, by any other name would smell as sweet;" let him look at Romeo and Juliet, in Stevens's edition.

"*Although an advocate for liberty, I am no leveller*;"—if he is not a rank radical then am I no true apothecary; the same tone pervades the whole; I am sure the gossips were right; *he is a papist*.

"*The physician could have skulked* (a very poacher-like phrase) along no bye path." No? true, very true; St. Andrews is on the high road, and tradition says that a horse, an animal not much given to skulking, was once, there dubbed a doctor!

"*The surgeon* educated *gratuitously*"—a lie—a wicked damned lie—upon my soul a lie!—every "subject" that I dissected, and I spoiled two, and cut to pieces half an one, cost me four guineas; a plague on such *gratuitous* education.

But friend Ignotus now begins to be serious, and it is time for me to be serious too. In sober sadness, then, I just as much believe (de mortuis nil nisi *verum*) that he was a "*similis ferus*" to me, with his "*cognatis maculis*," or, in plain English, an apothecary, as that I believe the earth moves round the sun; the thing is palpably absurd. What Billingsgate cries "stale fish"? No, I shrewdly suspect that he is the self same who was rejected from the Hall for ignorance of the Latin language, having called ĕnema *enēma*, and conium *cōnium*.

And then "his learned neighbour the schoolmaster"—it's all a bam, and his Greek, and his Galen, and the miserable attempt at a still more miserable pun, and (oh! the radical, the cloven foot again!) calling the good king James, of blessed memory, "no Solomon."

Now, forsooth, smoothing us over with "not intending to offend either an individual or a body." "Respectable men;" and in the very next sentence, as though he had flattered too much, we are "prolific male animals," and "merchants, dealers, and *classmen*"? Oh the ignoramus! did he never see a list of bankrupts? or does his friend Taylor say that *classman* and *chapman* are synonymous? Let no man throw stones whose windows are of glass. I have already, I think, "starred his glaze," and if he does not close his outside shutters and do his black deeds in darkness in future, he shall not have a whole pane left—but to sum up, take breath, and then go to work again—

I have clearly detected a false motto, unmedical Latin, a misquotation, a lie, and an alias; staring me in the face is now a *man* shivering in the *feminine* gender! (horresca) and then going directly into the *sweating stage* without an intervening *hot fit!* By the powers of ague, this is too much!

Not content, however, with thus unceremoniously knocking out this middle state of intermittent orthodoxy, he falls, pell-mell, upon what he terms his "middle man," and, making our profession something like the school-boy's game of hammer, nail and block, he seems to think that the amusement may go on quite as perfectly, and more harmoniously, without *Mr. Nail*, but that if *Dr. Hammer* should, in that case, come into too immediate contact with *Surgeon Block*, rather than dispute the point, he will admit an intervening something, a *Mr. Screw*, for instance, but by all means withdraw the said *Nail*, it being proved that he is a coarse, common, unpolished instrument, too readily yielding to the propelling power of *Dr. Hammer*, and riddling through and through, in a most unmerciful and barbarous manner, whatever or whoever may come in his way; the newly-proposed *Screw*, at all events, boasting of nicer workmanship in his construction, and a more scientific mode of applying his powers. Now, in my humble opinion, if a human being is to be crucified, it can matter but little whether it be with nails or screws.

The "quantum of medicine" is now made the subject of animadversion. Why a patient of mine once actually called me a "straight-haired Jew," (my hair happening to be rather lanky,) and complained bitterly because the phials were not filled; and as to "Christmas bills as long as your arm," many of my customers would be happy and fortunate to keep them at *arm's length*. He knows, or ought to know, that "a pill, six draughts, three powders, a blister, lint, and dressing," a moderate day's work only in an acute case, cannot all be crowded into one line, like fowls in a hencoop. Some knack is requisite in showing off a horse; are boluses and mixtures to be huddled together, like pigs in a fair? Besides, we are a nation of shopkeepers, and it is truly astonishing with how much more alacrity a man pays his money when he has something to show for it; he may.

I grant, have too much show for his money, An apothecary, of trotting-horse celebrity, not quite a hundred miles from Whitechapel-church, once attended a young lady just entering her teens, (a ticklish age,) at a boarding-school, not far from Clapton, during an attack of measles, (I think;) she was under his care a fortnight, and his bill exceeded thirty pounds. The father refused its payment, until a special receipt was given stating that medicine to that amount was necessary, and actually taken, by a child of that age, and in that given time. The required receipt was some time withheld, and the money also, but it was at length given, and is still in existence, and the gentleman has left it in his will to the British Museum. This, I will grant, is carrying the joke too far; there is reason in roasting eggs, and also in physicking boarding-school misses; but there are misses and mistresses too, in this world, (such is the perversion of taste,) who cannot live without swallowing a certain daily portion of medicine. A friend of mine attends a lady, a long way on the shady side of forty, who has, during the last eight or ten years, constantly paid him, upon the average, one hundred pounds per annum for physic, and that of the most nauseous quality, generally speaking too, sent and delivered, and I firmly believe, religiously swallowed; and she could no more exist without it than without a due proportion of vital air. He is, it is true, a smart, genteel, insinuating man, but, nevertheless, I do on my conscience believe, that it is the drug, and not the doctor, which she is in love with. In my own practice, I could mention a few such instances of morbid appetite, but notwithstanding all that my wife may urge to the contrary, ("'tis a green-eyed monster,") every one cannot feel a pulse as I can, and that accounts for it—for what? ask my wife.

We have, as Ignotus hints, I must allow, a few, but very few, "*ruses de guerre*;" but where is the profession, or professional man without them? does a lawyer never bustle about with an empty bag? is there nothing, "ad captandum," about the occupier of the "Caledonian" pulpit? a fast horse implies that you have much ground to get over; one who reads in his carriage, of course reads twice as much in his closet: if you are visiting a miserable parish pauper, in an obscure alley, what harm can arise from leaving your horse, or gig, or pill box, opposite the door of his more wealthy neighbour. An appropriate motto is not amiss; a poor little diminutive creature, (large souls often occupy small tenements,) who rose from keeping a small shop in a populous neighbourhood, where his wife made up his medicines, and once gave a child a rhubarb-dose of opium; by industry, saving, and attention, and no children, (the harpies!) until he got into his carriage, and removed to the "west-end;" sports to this day, if he is not yet sported with, by his brother worms, "mors vel victoria"—any one understanding Latin would of course say, "a determined fellow this;" an ignoramus would conclude that it was both learned and applicable, when the truth happens to be neither the one nor the other, for seeing him one evening engaged in rather a severe contest with a pilfering mouse in his pearl-barley drawer, I made the exclamation, and he adopted it. "Spes mea *surgere*" speaks not only for itself, but its bearer; the Latin is classical, the pun pure; may he who made it be *exalted* even unto the seventh heaven! I remember the time when I never, by any accident, drew on a pair of clean boots, and when it promoted both my health and that of the animal to chase my horse round a small paddock before mounting him; "he must have a great run of business, look how his boots are bemired; and his horse, poor thing, is all in a lather!" nothing is a greater advantage to a new settler than a town with two or more entrances and exits, a man may then ride round and round it until he is giddy, and his beast jaded; "Sir, you are wanted this instant, Mrs. (in a mumble) is suddenly taken ill," used to be the regular summons to a medical member of a smoking club in the town where I served my apprenticeship. The tapster, an arch dog, had one evening the curiosity to listen to the passage *con fab*, which ensued between the summoner and the summoned, "Lord, Sir," said the maid-of-all-work, "poor mistress is in such a taking, the children are all crying, and there is not a handful of fire to warm their fingers, or a mouthful of bread to fill their bellies." A shilling dismissed the summoner, and relieved the summoned, who, apologizing with a "Gentlemen, business must be attended to, but I will endeavour to be back soon," left the sapient members to conjecture what Mrs. it could be, who had arrived at the period of "Nature's sorrow," and to deplore the unhappy lot of a medical man.—*Piety* is, in all stations of life, most praiseworthy; I would strongly recommend its practice to the members of our profession. An apothecary who regularly goes to church, and is as regularly called out, must be a good christian and a good apothecary, and if he can exhort and pray, as well as count pulses, he has two holds

upon credulity, instead of one. A wife is an excellent puffer, but rather an expensive, too often a prolific, and as the dence will have it, always a permanent one. A practitioner of gig-shaft notoriety has caught many a fair patient, and many a patient fly, by a bed of tulips, which he annually exhibits; but I will spare their *maiden* blushes; his *tulips* have more attractions than his *two tips*. But where am I wandering; the garrulity of age has made me forget the advocate, and instead of disarming our common enemy, I am unwittingly giving him weapons for our annoyance; however he shall gain nothing by the truce, he will find me renewing the struggle like a giant refreshed.

The qualifications which he paradoxically states to "be required, and not required," I cannot reply to, because I am puzzled by the paradox. *My* father was not plain, for he was generally admitted to be (like father like son) one of the handsomest men in the county; he could not, in strict truth, either be denominated "a substantial tradesman," for he failed (he had an extravagant wife) three times, and that *I* received an education far superior to any of my brothers is clear, for two or three of them never darkened the entrance of a school-room in their lives. Of "the arts and mysteries" of the other tradesmen which he has associated with the apothecary, he professes total ignorance, I can perhaps inform him.

The art and mystery of a farmer is, to rent his land at as low a rate as he can—to pay as few poor-rates as need be—to cheat the parson, if possible, and never by any accident to be satisfied with either his Maker, his landlord, the markets, or the weather; of the *second*, to improve upon his father's cunning, and get into his partnership, and confidence—and of the *linen-draper*, to buy old patterns and sell them for new, to show his goods at dusk, and to exercise abundance of patience and small talk with the fair sex.

"*The art of the apothecary*," we hear, is "that of sending in medicine," and "the most wonderful mystery—what becomes of it all?" but this is far from his only art. There is the art of supplanting a pre-occupant, or rival—the art of worming into a family—the art of coaxing nurses—the art of frightening your patient, but, at the same time, keeping out his physician—the art, too, of calling him in *in time*; there is also the art of emulsionizing a cough, and of cordializing a pious spinster, who would not drink a tea-spoonful of "Booth's best" to save her soul, but will swallow alcohol by the ounce from the doctor, to the decided detriment of her body; in short, there is the whole art of acting, looking, walking, talking, and riding, the apothecary—the mystery is soon solved; woe to the clergy were theirs as soluble; that is, palatable medicines are swallowed, nauseous ones smelt, and those of ambiguous character returned with the empty bottles.

Regarding the treatment of apprentices, experientia docet; and let truth speak.

Mine invariably rise at six in the summer, and seven in the winter, never earlier. Their first business is to take down the shutters, the shop-boy would break more windows than his head's worth; they then sweep out the shop, an ignorant uneducated pauper might include some of my most valuable prescriptions in the rubbish. The leeches are next to have fresh water; every apprentice should become thoroughly familiarised with these useful animals; the bottles are to be dusted, this is the way to become acquainted with their contents and relative situations: and now they are summoned to breakfast, and after filling the teapot for my daughter, and handing round the toast, (for every true tea-drinker and gentleman sips to the music of his own kettle, and attention to the ladies, should be early inculcated,) they make a hearty and wholesome meal, on bread and milk, which is much more satisfying and salubrious than tea and toast, the one *dishing* the nerves, the other *buttering* the appetite. Having put my pocket dressing case in order of battle, and filled my salver with unguents, furnished me with my diurnal list, received my instructions, and started me, like Phœbus, in all my morning glory, they resume their counter station, fill up the pil: hydrarg: and coloc: c. calom: reservoirs, make the usual twenty-four hours' consumption of almond emulsion, infusion of roses, mint water and decoction of bark; shake the tinctures all round; and draw out yesterday's return of killed and wounded, or, in other words, post the day-book. These, with an occasional pen to mend for Miss Arabella, a bottle of sal volatile for her sister, Miss Wilhelmina; some marking ink for Miss Euphemia; a washing bill to transcribe for my wife; or a few grains of cochineal for the cook; and a horse ball, with some cooling powders, for the groom; in general, pretty fully occupy the time until my return; then comes the tug of war, and what with label writing, pill-gilding, wrapping up, and ticking off, all hands are employed (dinner going off, like platoon exercise, at a running fire) until tea. "I puer, I, theam *confestim* in pocula misce." The boy has now returned for a fresh

cargo; his basket is to be emptied and filled; an account taken of empty bottles, and the paupers drugged. At ten, the shop is closed, and the cold mutton put on table. At half past, my *young gentlemen* are snug in bed, and I sit down to my hardly-earned bowl of punch, or glass of brandy and water, to the din of a gingling harpsichord, in order to drown a till more discordant instrument. What nstrument? Marry, and you'll find out.

Now, I ask whether this is not full, and gentlemanly, and professional, and improving, and intellectual, and classical enough occupation of the four and twenty hours for any well educated youth, whether this be "gossiping with the servant girls, playing at dominos with the boy, boxing with the groom," whether it be "leather and prunella," and whether upon such a foundation the superstructure of a Hunter, or a Baillie, may not be laid?

"*Walking the Hospitals*," it is true, generally amounts to an amble, and now and then to a run; but the book of disease, like that of nature, is, we all know, written in large and legible characters, and "he who runs may read."

Of the *Sans Pareil* theatre, I profess perfect ignorance, it did not exist in my day; and a bagnio is either a newly imported word, for an old evil, or a new evil with a foreign name.

Cramming, I contend, to be very fair and needful, both in preparing turkies for the *spit*, and students for the *hall*; and as to *grinding*, 'tis a grinding age.

"*A sentence in the pharmacopœia*," let me tell Mr. Ignotus, is no such trifle; the very first one in the preface would puzzle many an Eton boy, although, I contend, that it is quite as classical and humane to bring a *book to an anvil* as a *nose to a grindstone*: and where, let me ask, is the physician, who can *always* translate his own prescriptions?

Now comes another smoother, post nubila soles; a kiss after a scratched face; a broken head and then a plaster. "It is by no means intended, &c..&c." Oh! the hypocrite, he just recollected that the translator of Lucretius was *an apothecary*. Sir —— *an apothecary!* Sir —— *an apothecary!*—a host of prurient M.D.'s, what a facetious friend calls, "*Apothecaries run to seed*,"—the learned, ingenious, and elegant —— *an apothecary's son*, and a far celebrated "*blue*" *an apothecary's daughter*:—out upon thee—thy abuse is scarrilous, thine arguments flimsy, and thy flattery fulsome.

The *Hall examiners* are next introduced as "respectable *well-meaning men*"!—hear this ye F.'s and W.'s, and L.'s and U.'s—ye men of chartered powers, and classical sirnames, and let your thunders shiver and your lightnings blast every mother's son who may appear before ye for the next generation; nay, visit the sins of the fathers upon the children, reject, and lose your fees, to the end of time, rather than submit to be called *well-meaning men! well-meaning men!* the English language has not a term more contemptible, ignominy itself never coined an epithet more humiliating; "*old wife*," is nervous in the comparison; "poor creature," magnified into a god!

"*Radical reform*"!—if Thistlewood had not been hanged, and Ignotus had not breathed his last in my surgery, I would have sworn, that Ignotus had been Thistlewood, or Thistlewood Ignotus; but it is time that Government should look to it; who knows, but that, under the cloak of the Apothecary, an attack may be levelled against our "Sovereign Lord the King"? whom God preserve and shield from cranial excrescences, and "*stay at home*" tumors! By the Hall examiners, may not the *present ministry*, heaven bless them! be meant? The panegyric on *Divines* is, ten to one, intended to apply solely to the Irish *Roman Catholic clergy*, and that on *Lawyers* to the late *Queen's advocates*. Why should not the *Physicians* personify the *radical reformers*, and the *Surgeons* the *root and branch loppers*?—The idea is plausible; but I am no alarmist.

Ignotus at last winds up, with what I must, as far as it goes, admit to be a clincher—"example," as he says, is "far before precept," and it must be granted, that the *law* has been in "every respect improved, by the obstacles which have been opposed to the entrance upon its practice;" and that "no sensible man complains, because he cannot place his son in the *church*, without first sending him to college." It is also true, that this has occasioned neither a dearth of lawyers or clergymen, and that every village is now-a-days, as well supplied with both as it was in the times of "pettifoggers," and "northern lights;" it might, and probably would, be so too, were apothecaries, either excluded, reduced to mere venders of medicines, or reformed, and educated as gentlemen and professional men ought to be; but why should any thing that an Ignotus may suggest, or common sense approve, induce us to call in question, or interfere with, the "wisdom of our forefathers," in either medicine, education, politics, religion, or shoetying? they were satisfied, why should not we be equally so? they believed

implicitly, in the "a jure divino," and bowed religiously, to the "dictum ecclesiasticum"—a barber-surgeon drew their teeth, amputated their limbs, and cut their corns, and the solemn pedant of the golden-headed cane revived their drooping spirits, or pompously pronounced their doom.—They never indulged in the fanciful speculation, that it is *education* which raises man above the brutes which perish; he, of acres, was to them the gentleman—the possessors of deeds and mortgages, learned—a lawyer was then a lawyer, quoad his wig—a physician, in virtue of his staff—a surgeon ranked in proportion to the blood which he spilt—their apothecary was a dry nurse in breeches—a clergyman's piety was estimated by the length of his sermons; his attainments, by the number of heads to his text; and his learning, by his soporific powers. They, good honest souls, (fas est et ab hoste doceri,) followed each the trade, craft, or profession to which he had been apprenticed, and it would have been arch-heresy, for a shoemaker to have known the component parts of a coat; one in a profession to have possessed the acquirements, and accomplishments of a gentleman (according to our acceptation), or a gentleman (according to theirs) to have known any thing—the yeoman, who had attained a higher degree in literature than enabled him to sign with a simple ✕, would have been looked upon with suspicion; to read, would have been a breach of character in a servant; had any one presumed to plough his land with two oxen, in lieu of four, his ruin would have been pronounced; that any other, than an old woman, or a complication of young girls could make a stocking, never entered into their imaginations, and an Arkwright would have passed, in those days, for a devil incarnate; the "studio minuente laborem," was far from their study. Jenner would have been consigned to the gallies, and Ricardo, and Malthus, to bedlam. Why, therefore, should not we, their degenerate offspring, (we are not so tall by inches,) be content to follow the same beaten track?

Nature never varies; why should man, "proud man"? The earth which we inhabit revolves as it did at its creation; the sun, the moon, the stars, maintain their undeviating courses; day and night, seed time and harvest, continue as they were in the olden times!—why should not *apothecaries?* What right has Ignotus, like a comet with a fiery tail, to visit, in his eccentric orbit, our "*medical system*"—presumptuously attempt to alter our relative spheres of attraction, or disturb the harmony with which we have hitherto revolved? But comets blaze, run their transient race, and disappear, and the system rolls on unaltered. So it has been with him.—Years have now elapsed since this flaming meteor crossed our peaceful paths, and attracted for a while attention and observation.

Should an Ignotus succeed an Ignotus monthly, for the same period, it would be but labour lost. "Qualis ab incepto" is our motto, and, like the interminable river, we shall still glide on our slimy course—"labitur et labetur."

P. S. These lucubrations, although anonymous, will of course be admitted into THE LANCET. Should any doubt exist as to the authenticity, respectability, or responsibility of the writer, the Court of Examiners at the Hall will perhaps be able to set these matters at rest, if it is just mentioned, that he is the identical X. T. N. who, not many years since, was a little puzzled with their *drawings* of medicinal plants, and who then and there took the liberty of suggesting, that as medical botanists made use of their *noses* as well as their *eyes*, it might be as well to have the said drawings *scented* according to the individual odour of the plants they represented.

Ignotus's second paper—the man with the name of Rochdale-manufacture, (Mr. Nectemere,) and his fair protegée, Miss "Veritas in puteo,*" together with a

* Apropos of "Veritas in puteo," en passant. Why in the name of common sense and christian charity this poor lady, this good, and amiable, and meek virgin, Miss Truth, should have been, by universal consent, consigned to so damp, and dark, and cold, and comfortless an abode as a *well*, I cannot well imagine; she can have no passions which require such a *cooler*—no desires which nothing less frigid than spring water can quench! and yet while other nymphs and naïads are allowed the benefit of society and open air, she is condemned to these solitary regions of depth and darkness; but the days of chivalry are passed, and I have too great a horror of bottomless pits and cold water to attempt her rescue. Supposing, however, it should appear that the lady whom our *moral* friend Mr. Nectemere has taken under his protection and shut up in this subterranean abyss of chills and chastity—this more than Catholic convent, or mythological tower of brass, is *no better than she should be*, and that under the specious garb of *truth* he is endeavouring to palm "*a stale*" upon us; that this guardian of morals

few words on "the too facile system even of *physician making*," in my next.

As I reside at a considerable distance from the great vortex of all that is good and bad, new and old, learned and unlearned, and am consequently in a state of relative obscurity and non-entity, allow me to put the following queries, viz.:

Are those real and orthodox miracles, which the prince with the barbarous name has been performing?

Has a *stone* really been *electrified* out of a bladder, or decomposed within it?

Was the "Christ's Hospital boy" actually *dumb*, or only sulky, or what boys call *shamming?* Who really acted as Balaam to the ass? i. e. did *galvanism*, or a good sound *rib-roasting* from his bedfellow, cause him to open his mouth?

Is acupuncturation a hoax?

Who is the "*Physician*" that writes in the New Monthly Magazine "on *toothache*," &c.?

And finally, is the report true, that the "*milk of the cynocephali*," like the old Marquis of Granby's head, has been *newly revived* as a *specific in consumption?*

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and protector of innocence is entering the presence of our wives and daughters with a Thais on his arm! shall I, then, be called indelicate, or ungallant, if I strip the strumpet of her rags, and hold her up wet and shivering to the public gaze? and shall I become amenable to the "Society for the Suppression of Vice," (itself, of course, free from all taint,) or to an action for seduction, if I liberate her prototype from his icy embraces—share with her my mantle, and foster her on my bosom? But I am, alas! married, and virtuous, and as these are both articles of such gauze-like texture, that even a breath of suspicion might destructively ruffle them, I will avoid all risk, and, like the good and amiable of the day, having saved her from prostitution, send her adrift upon the world to take her choice of *vice* or *starvation*. A moral lecture shows the eloquence of the lecturer and costs but little—to reform is gratifying to our vanity, it evinces superiority to the reformed, but to provide the means for making that moral lecture lasting, or that reform permanent, would be costly and troublesome; "go and sin no more" is both cheap and charitable.

FOREIGN DEPARTMENT.

ANALYSIS OF FOREIGN MEDICAL JOURNALS.

Case of Idiocy in a Female, accompanied with Nymphomania, cured by the excision of the Clitoris.

THE excision of the clitoris has been recommended by Professor Dubois as a remedy in nymphomania; this operation was resorted to with success by Dr. Graefe, of Berlin, in the following case. The patient, who was born in the year 1807, was a strong healthy child, until the age of 14 months. At this time she was attacked with vomiting and fever; after recovering from the acute symptoms, she still continued weak and sickly: she could not walk till she was four years of age; she was unable to talk, and, in short, exhibited unequivocal marks of idiocy. All the remedial means which were employed were unavailing; and, as she advanced in years, her imbecility and brutal propensities became more marked. She delighted in swallowing dirt and ordure; and she would stand for hours together in a fixed position with her tongue hanging out of her month, from which the saliva flowed in copious streams. She was 14 years of age when the physician who published this case first attended her. He soon perceived that the girl had an insatiable propensity for self-pollution, which she performed either by rubbing her extremities on a chair, or by the reciprocal friction of her thighs. From this time there could be no doubt as to the principal object which was to be aimed at in the treatment of the case. A bandage was applied capable of preventing friction in the sitting position, in which attitude she chiefly indulged her prurient propensities; a straight waistcoat was put on her at bed-time, and counter-irritation by the application of a hot-iron to the neighbourhood of the part affected was resorted to. These means, with the use of tartar emetic, the dose of which was gradually increased to a scruple, produced little effect. At the end of about a twelvemonth, the excision of the clitoris was determined upon, and this operation was performed by Dr. Graefe, on the 20th of June, 1822. After the cicatrisation of the wound, a marked amelioration of the symptoms was observed. The propensity to self-pollution was nearly eradicated; a few suspicious mo-

tions, the remains of a long-continued habit, were occasionally observed, but these were at length discontinued. The intellectual faculties of the patient began to develope themselves, and her education could now be commenced. She can, at this time, talk, read, reckon accounts, execute several kinds of needle-work, and a few easy pieces on the piano-forte. It is a remarkable circumstance that this young girl, on emerging from the moral lethargy in which she had been sunk from infancy, assumed at once, without any intervening gradations, the character and the tastes of adolescence.—*Revue Medicale, Oct.*

Efficacy of Iodine in Bronchocele.

In the course of a discussion at the Royal Institute, which followed the reading of a paper on *Goitre* by Baron Fourier, M. Roulin observed that the water of the *Rio Viagre*, which rises from a volcano, and which contains hydrochloric acid, had the reputation of curing this affection of the thyroid gland. M. Mongez adverted to an observation made by M. Zambroni, who, in travelling through the Pyrenees, remarked that no *goitres* were to be seen in the valleys composed of strata of granite, and that they were only to be met with in the valleys composed of strata of magnesia. The editor of the *Revue Medicale* thinks this effect is to be attributed rather to the iodine in the water and the salt alluded to than to the hydrochloric acid which they contain. M. Magendie thought that the swelling of the thyroid gland was to be ascribed in a great measure to the misery of the people among whom it was prevalent. In a journey which he had recently made through the Pyrenees, he found this malady less frequent as the condition of the inhabitants improved. This seems to be so true, that M. Magendie, during his whole journey, observed only a single Cretin, while M. Ramond, who took the same route twenty years ago, saw hundreds of them.

Wounds and Cancer of the Penis.

In the surgical department, Messrs. Forestier, Yran, and Chegoin, made their report on four cases sent to the Academy by M. Bernard, a surgeon at Moulins. The first was a gun-shot wound of the penis, made by a ball, which traversed the right corpus cavernosum, at the distance of a few lines from the glans, and passed out by the left corpus cavernosum, taking the corona glandis in its way; the urethra was also divided at its superior paries. The urine passed for six weeks through the passage made by the ball; but at the end of seven weeks, the cure was completed without fistula, or alteration in the form of the organ, though no sound or catheter had been introduced into the bladder. A wound on the dorsum penis made by a bayonet entering the corpus cavernosum was healed by the first intention in five days. A wound of the glans penis from the bite of a horse, which penetrated it to the depth of two lines and a half, was healed in a few days by the ordinary applications. In a case of cancerous tumour invading the whole penis, and reaching to the pubes, the penis was completely amputated; a catheter was introduced into the bladder, the wound was dressed without any ligature of the vessels, and the cicatrisation completed in twenty-eight days. The patient has remained in good health since the operation, and the urine is ejected in a stream as before the amputation.

Adhesions of the Tongue.

This was a case communicated by the same surgeon, in which adhesions of the thickness of two lines and a half had agglutinated the lateral parts of the tongue to the internal surface of the cheeks to the extent of more than an inch on each side. These adhesions had succeeded an inflammation in the inside of the mouth and tongue, the circumference of which had ulcerated; they interrupted the functions of speech and mastication. M. Bernard divided them by a single clip of the scissars.—*Revue Medicale, Oct.*

ROYAL ACADEMY OF MEDICINE.

Sitting of the 8th November.

Small Pox. Variolous Ophthalmia.

M. Merat read a letter from a corresponding member at Bourdeaux, from which it appeared that in six thousand individuals vaccinated by him, not a single instance of secondary variola had occurred. The writer expressed his conviction that vaccination was an infallible preventive against small-pox.

M. Leveillé observed that in a great proportion of the cases of ophthalmia consecutive to small-pox, loss of vision was the result; this affection had, in his opinion, no connexion with the developement of the pustules.

M. Guersent had seen this year many

cases of ophthalmia in infants attacked with small-pox; but these cases of ophthalmia were never the result of a pustule on the cornea; it was an inflammation without pustule, which appeared during the variolous eruption, and often after the complete desiccation of the pustules.

M. Serres observed, that pustules on the cornea were never seen except at the inferior part of it; the reason of this was, that the margin of the inferior palpebra alone touched the cornea, the margin of the superior palpebra resting upon the inferior and not upon the eye. When the pustules of the inferior palpebra were removed by cauterisation, none ever appeared upon the cornea; and even when they appeared on the cornea, they might be cauterised without any risk of the inflammation spreading to the rest of the eye. M. Serres added, that during his indisposition, the physician who filled his place not having resorted to the method of cauterisation, a patient who had pustules on the cornea lost his eye, whereas four patients, who had subsequently been admitted with pustules on the cornea, had them cauterised with success.

M. Guersent said, that inflammation, softening, suppuration, and perforation of the cornea, took place in every part of its surface, of which M. Serres might have daily evidence at the Hospital for Children. Towards the end of these ophthalmias a state of relaxation might occur, in which it might be useful to touch the ulcer with caustic to hasten the cicatrisation, but it would be dangerous to have recourse to this method at the commencement.

M. Baron said, the observations of M. Serres and M. Guersent did not apply to the same cases; one spoke of ophthalmia consecutive to small pox, and the other of ophthalmia produced by variolous pustules.

M. Lisfranc said, that if a pustule appeared on the cornea it was certain that, unless some means were taken to prevent it, suppuration and ulceration would take place. He had seen cauterisation resorted to with success in these cases at the Hôpital de la Pitié.

M. Guersent maintained, that he had never seen a variolous pustule on the cornea.

M. Kergaradu wished to know what was the number of patients who died of small pox after cauterisation, as reported in the memoir of M. Damiron, a physician at Val-de-Grâce.

M. Gasc replied, that out of 58 patients 37 had been cauterised, and of these 10 had died; all those who were not cauterised recovered, but it was material to observe, that cauterisation was applied only to the worst cases.

M. Leveillé did not attribute the mortality to cauterisation, but to pustules in the larynx and trachea.

M. Louyer-Villermay had witnessed a mortality of two out of three cases, none of whom were cauterised.—*Gazette de Santé, Nov.* 15.

The number for August of Dr. Omodei's *Annali Universali di Medicina*, contains a translation from THE LANCET of a part of the lecture in which Sir Astley Cooper gives a *resumé* of the opinions he has formed, after an experience of forty years, on various points connected with the subject of gonorrhœa and syphilis.

Extirpation of a singular Tumour of the Abdomen, by Signor Ambrogio Basletta.

Signora M. M. aged about 40 years, a married woman, who had had two children, of a delicate constitution, and subject to irregular menstruation, in the beginning of the present year observed, below the abdomen, a small tumour about the size of a nut. It was treated by the local application of hemlock, and the internal exhibition of hemlock and steel, but as it continued daily to increase she went to Milan to consult Signor Franzini, who recommended the immediate extirpation of the tumour, but she was afraid, at that time, of submitting to the operation. Some time after, when she came to consult me, I found the tumour situated in the superior part of the hypogastric region, of about the size of a hen's egg, and of a spheroidal figure. When the lady stood up it hung down towards the pubes; when it was felt gently with the hand and pulled forward, she complained of no pain, but pressure with the fingers occasioned severe pain. I was of opinion that extirpation might be successfully resorted to, believing it to be a fatty, or sarcomatous tumour, and at length succeeded in persuading the patient to submit to the operation, as a measure which might not only be adopted with safety, but which would relieve her anxiety, and prevent the inconveniences which might result from the growth of the tumour.*

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* For an illustration of the propriety of extirpating certain tumours at an early period, to prevent the inconveniences which may arise from the enormous magnitude which they sometimes attain, see

The lady having been placed horizontally on a sofa, and the tumour being elevated as much as possible by an assistant, I made a transverse incision in the centre of it, to the extent of five inches, and had no difficulty in detaching the integuments, and the fatty substance with which it was surrounded in the front and at the sides, but what was my surprize when, upon attempting to isolate it in its posterior part, towards the left side of the linea alba, I found it went into a cavity. After a moment's reflection, assuring myself that there was no viscus within the cyst, and knowing, from my own experience as well as that of others, that even if I should cut the peritoneum, which seemed to line the tumour, this would not be a mortal injury, I determined to complete its detachment. The whole tumour having been raised, a portion of small intestine was exposed, which my assistant, by prompt compression, kept in its situation. After cleansing the wound with a soft sponge from the little blood which escaped, and bringing the edges of it together, I placed over these lint on which some simple dressing had been spread, then a long strip of adhesive plaster, with compresses, and a circular bandage over the whole. The patient did not suffer much pain during the operation, which lasted a few minutes; I ordered her, however, a composing mixture. Within the tumour was a smooth cyst, adherent in all its points, of the thickness of three or four lines, and extremely resisting, which confirmed me in the suspicion that it was formed by peritoneum; the substance of which the tumour was formed was glandular, marked here and there with dark points. I can compare it to nothing better than to a testicle, though it was somewhat firmer in consistence.

A few hours after the operation, the patient was seized suddenly with pain over the whole of the abdomen; she had frequent vomiting, during which she complained of the edges of the wound being stretched, as if it was about to burst open. Having ascertained that nothing had escaped from the cavity, and arranged the dressings, I ordered ten ounces of blood to be taken from the arm, and a clyster, which produced some evacuations of a bilious colour. Towards evening the vomiting ceased and the pain had abated, but she passed a restless night. On the 14th of May, the day after the operation, she complained of shifting pain in the abdomen, and a fixed pain in the right epigastric region, six leeches were applied, and a clyster; she had some sleep in the early part of the night; but towards midnight was seized with violent pains in the loins. On the 15th, the pain in the loins continuing, twelve ounces of blood were taken from the arm; and subsequently leeches were applied to the epigastric region, where she still complained of a fixed pain. On the 16th, the febrile symptoms, which had hitherto been moderate, were much increased; the vomiting was more frequent and violent, and the straining which attended it, burst open the wound, and gave passage to a portion of iliac intestine from the peritoneum. I immediately restored it by performing the taxis as in a case of hernia, and replaced the dressings. The patient became extremely restless; the abdomen swelled more and more, though it was less painful, and as her life appeared to be in danger, the vomiting having ceased in the afternoon, the *viaticum** was administered to her; to-

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the singular case of Count Tedeschi, of Verona, from whose person F. G. L. Portaluppi, Hospital Surgeon at Venice, extirpated a tumour weighing 52 pounds, in the 28th volume of these Annals.

(This singular case will be found in Vol. III. page 25, of THE LANCET; we annexed the engraving, showing the enormous size which the tumour had attained, as it was given in Omodei's Journal.)

* Lest any of the Old Ladies of Apothecaries' Hall should take this for some article in a foreign pharmacopœia, we think it right to inform them, that the *viaticum* was administered not to the *abdomen*, but to the *soul* of the patient; it is a spiritual, not a pharmaceutical preparation. The mention of this sacred rite of the Romish Church may seem irrelevant in a Medical Journal; it may also appear somewhat indiscreet, in consequence of its immediate juxta-position with mucous stools, and flatulencies from the anus; but no circumstance is ever omitted in the history of a case by an Italian practitioner. The Italian medical writers are inveterate prosers; they dwell with interminable prolixity on the most minute and unimportant circumstances.

There is a joke on this subject, ascribed to our friend Mr. Abernethy, which though coarse, is not altogether inapposite. Speaking of the Italian medical writers, "Why, hang it," said Mr. Abernethy, "a common cathartic will furnish them with materials for an essay, and when all's done, egad! their essay may furnish them with materials for a common cathartic."

wards evening she had several rather mucous stools, accompanied with repeated flatulencies from the anus; the vomiting became more violent, and her strength sensibly diminished. It was manifest that she was labouring under gastroenteritis, and there was great reason to suspect that this was accompanied with peritonitis. Notwithstanding these unfavourable appearances, by a perseverance in the mild antiphlogistic treatment which had been already employed, the patient recovered sufficiently to be able to leave her bed towards the middle of June, and the wound of the abdomen was healed about the beginning of July. On the 10th of July, the patient showed me a small tumour, of the size of a nut, to the left of the linea alba, where the tumour had been extirpated. Upon examination, I found that it was a small ventral hernia, which the horizontal position returned into the abdomen. I advised her to wear a truss. Her general health and strength were gradually restored, so that in the month of August she was able to take long walks without suffering any inconvenience.

IRRITATIVE FEVER.

To the Editor of THE LANCET.

SIR,—The perusal of your Review of Dr. Butter's work on "Irritative Fever" (Vol. ix. page 283) has induced me to offer a few remarks on the mode of treatment which I have adopted in cases apparently similar. Dr. Butter's description of the disease is very accurate, but I have always considered it to be *phlegmonous* or *gangrenous erysipelas*, attended with *symptoms of irritation*. Local injury is not essential to its production, for I have known it to prevail as an epidemic; and, so sudden is the attack, that the patients have called it a *blast*.

When this disease arises without any apparent cause, it is usually ushered in with a considerable degree of pyrexia; an *emetic* in that case will be very beneficially administered, and the bowels should be well evacuated by a mixture of salts, jalap, and rhubarb, in the infusion of senna. I have known many instances in which the progress of the disease has been arrested by these means; should the erysipelas, however, continue to spread, then I have immediate recourse to the Peruvian bark.

Bark.—The pale or lance-leaved bark is the sort I prefer, the other sorts being greatly inferior in efficacy in this complaint. In order to obtain success, less than a drachm in substance every three hours will not avail, and this quantity should be increased, if the disease does not yield, as far as the stomach will bear. I have given as much as six ounces of it in decoction, powder, and compound tincture, in twenty-four hours, with complete success. It may be mixed up in milk with a tea spoonful or two of brandy—in port wine and water—or any other vehicle more acceptable to the patient, adding a little compound spirit of lavender—or a drop of oil of cinnamon, if load or oppression should supervene.

Opium.—Though my dependence is on the bark, opium, in doses adequate to abate the pain and restlessness, is a valuable auxiliary.

Topical applications.—Not employing topical remedies with a *curative* intention, the spiritous lotion, or liquor. plumb. acet. dil. is soothing to the part; and, on the event of suppuration, cataplasms made with the decoct. papaveris.

Treatment of the abscess.—Supposing an abscess to have formed, I suffer it to rupture spontaneously, having been taught by experience that an incision made in parts so prone to gangrene is injurious.

General remarks.—I have followed the above practice in such cases for a long series of years and with very general success. Should the exhibition of the bark be delayed until symptoms of debility come on, it will be too late. In every case some circumstances will require attention, such as the regulation of the bowels, diet, &c. and wine under prostration of strength. But, as my motive is to inculcate the liberal use of the bark, the general management I consign to the judgment of the medical attendant. Formerly the bark was much more extensively employed in gangrene and morti-

As to the *viaticum*, and the seat of the flatulencies, lest our own accuracy or reverence for things sacred should be called in question, we subjoin the original text; "la vita pare in pericolo, per il che, al dopo pranzo, cessato il vomito, è munita del viatico; verso sera ha delle frequenti dejezioni alvine assai mucose, è dall' ano una prodigiosa quantità di flatuosità."—*Annali Universali*, vol. 35, p. 92. It will be seen that we have endeavoured to mitigate this statement in our translation. Doctor Ambrosio Basletta, with a *naiveté* worthy of Dominie Sampson, describes the number and effect of the flatulent discharges *ab ano*, as *prodigious!*

fication than at present; how it has lost its reputation I know not, but thus much I can aver, that it has not disappointed my expectations oftener than any other remedy in the treatment of any other disease. Indeed, I am justified in saying more, for I employ it with full confidence of success, which I have rarely had cause to regret. As far as I have yet observed, the sulphate of quinine answers equally well with the bark in substance, but my experience is chiefly derived from the latter.

A READER OF THE LANCET.

Manchester, Dec. 9th, 1825.

To the Editor of THE LANCET.

Sir,—In perusing your excellent review of Dr. Butter's work on "Irritative Fever," in THE LANCET of the 19th of November last, it occurred to me, that Dr. B., in enumerating the supposed causes said to have produced that disease, did not attach sufficient importance to one of them, viz. the state of the atmosphere. We all know very well that it would be impossible to detect, even by the most delicate chemical test, any morbific poison in the air, but we also know it to be most true, that fevers, particularly of the intermittent kind, are cured by removing the patient even the distance of only a few miles from the place where he was first attacked with the disease; this I have myself witnessed repeatedly in India; indeed, this remedy is so much relied on by medical men in India, that when an officer or soldier is attacked with a fever of the intermittent type, which does not rapidly yield to the usual remedies, he is immediately sent away; the change of air acts like a charm, and he returns to the same station in a few weeks in robust health, so as to be generally (though not always) *proof* against future attacks of the same disease.

I repeat we cannot, by the most delicate chemical test, prove that the morbid poison exists in the air, in the present state of our knowledge; still does not the change from disease to health, on the patient being removed to a different atmosphere, clearly evince that such is the fact? and in all human probability future discoveries in chemistry will explain to us this present apparently inexplicable phenomenon.

Reasoning thus from analogy, I could say, that had general blood-letting been omitted in those patients who died of the disease, and had they been removed a few miles distant from the place in which the disease first originated, and, as soon after the attack as practicable, I think a very different result would have been the consequence of such measures; indeed, I am supported in my opinion by that most eminent of all practical surgeons, Sir Astley Cooper; he says, "medical means relieved, but did not cure me; but I recovered on going into the country."

I think with you, Mr. Editor, that the greatest credit is due to Doctor Butter for the very candid manner in which he has related the unsuccessful cases, but I must again add, that I am of opinion that he does not attach sufficient importance to the state of the atmosphere as a cause capable of producing particular diseases, it is my firm belief, that the irritative fever which prevailed in the Dock-yard at Plymouth, after such slight injuries, is to be attributed *solely* to the peculiar state of atmosphere at the time; and which peculiar disease, under a different state of the air, and at other seasons of the year, I am of opinion would not have occurred from such slight causes.

These remarks occurred to me immediately after the perusal of your review of Dr. B.'s work, if you think them worthy of a place in your next Number, you will much oblige me by inserting them.

I am your obedient Servant,
A Member of the College of Surgeons, and
A CONSTANT READER.

London, Dec. 13th, 1825.

MR. SHAW'S LITHOTOMY CASE.

To the Editor of THE LANCET.

SIR,—Having perused a letter signed "IMPARTIALITY" in a late Number of THE LANCET, relative to the fatal operation of lithotomy performed by Mr. Shaw, I trust you will permit me to offer some observations on the sentiments therein contained. The writer in question has declared that he has "been a *severe* sufferer by the licentiousness of the press, and, consequently, disposed to commiserate those to whom injustice has been done by such a powerful engine." "No medical man (says the writer) of humane feelings can read the account of the 'operation of lithotomy, which proved fatal, 'without his pity being roused at the fate of the unfortunate patient, and his sympathy for the unfortunate operator." Since it is

the desire of "Impartiality" to excite the pity and sympathy of the public in behalf of his *unknown friend*, I feel convinced that a large portion of the pupils of Windmill-street and Middlesex Hospital, to whom he has adverted, will readily extend that pity and sympathy to Mr. Shaw which he has so generously evinced towards those who, like himself, have had the misfortune to lose a patient from an operation improperly performed. "Impartiality" has endeavoured to the utmost of his *power* to invalidate the statement of your correspondent; but facts, Mr. Editor, you know are stubborn things, and the statement to which I allude is authenticated beyond the possibility of doubt; no unusual distribution of arteries was manifest to the first anatomists of three anatomical schools, who were present at the operation and the subsequent exhibition of the parts injected. But this circumstance must have escaped the observation of "Impartiality," as he declares he has never *seen* Mr. Shaw; his testimony cannot, therefore, invalidate the statement of those who were present and witnessed the proceeding from beginning to end. "Impartiality" states that the pupils of the anatomical class in Windmill-street, as well as Middlesex Hospital, sympathise with Mr. Shaw, and that "they are convinced that he has been unjustly dealt by on more occasions than the lithotomy case." This information is remarkable, as the writer has several times declared that he was unknown to Mr. Shaw. How he became acquainted with the sentiments of the anatomical class, and several particulars connected with the operation which have not been before the public, he has not explained. At first I was inclined to believe that the *senior surgeon* had resolved to explain every circumstance connected with the operation; but Mr. Shaw's acquaintance with that gentleman removed this impression. It is, however, more than probable that "Impartiality" is a Governor of the Middlesex Hospital, who entered a protest against the statements of THE LANCET in the Morning Post, and at the same time assured the public, that the acknowledged *talent* and high respectability of Mr. S. prevented him from *condescending* to enter the list of controversy with such an opponent.

I am, Sir,

A PUPIL OF MIDDLESEX HOSPITAL.

DUBLIN HOSPITALS.

To the Editor of THE LANCET.

Sir,—Talent, is never more respected than when employed for the public welfare,—never more praiseworthy than when it attacks meanness and presumption placed in office and responsibility. This, Sir, you have done, and I congratulate you truly on your success; it has been well earned, and may it long continue. You have, with equal merit and intrepidity, exposed to public contempt, in London, the petty machinations and the hypocrisy by which mediocrity endeavours to retain what interest and corruption have purchased; you have directed public attention to abuses sanctioned by custom, and existing in institutions where, from the professional character of some of the leaders, they were not to be expected. But, Sir, sloth and venality are unfortunately not confined to London. They rage with equal violence, though on a smaller scale, in this city; even one of its smallest hospitals, Jervis-street, calls loudly for reformation; its voice has hitherto been drowned amid the clash of the private interests of a stupid and bigoted committee, and its only hope now lies in an appeal to THE LANCET, which, I hope, will not be rejected, and of its beneficial effects I entertain no doubt. In this hope, and that those who have hitherto imagined themselves sheltered in their insignificance may know that they are observed, I submit to you the following facts.

It is now considerably more than a twelvemonth since, through the rivalship of Messrs. M'Dowell and O'Reilly, for a vacancy caused by the premature and lamented death of the late Mr. Dease, the Committee received considerably upwards of *One Thousand Pounds* in subscriptions from the friends of these gentlemen. The hospital had been, even before this period, remarkable for neglect and irregularity, but since that time every evil has augmented in a tenfold degree. Situated as the institution is, in the centre of the metropolis, and with the recommendation (powerful to the lower orders) of being the oldest established in Dublin, nearly two hundred extern patients attend every morning in expectation of a relief which is but too often denied, partly for want of medical assistants, (for almost all the pupils who have it in their power to attend elsewhere have left the institution, tired with the disorder, and disgusted at the ignorant petulance of the surgeons, for

even *they* affect superiority;) and partly from the impossibility of attending to the various contingencies of bleeding, dressing, setting, &c. &c. in a room little above the middle size, and encumbered with surgeons' desks, counters, benches, an apothecary's shop, and crowded with every shape of disease and poverty. This is an evil, to obviate which there should not be a moment lost, for the principal good which the Institution effects is at present, reduced as the beds are to less than thirty, performed by this means. Some portion of the above-mentioned sum ought surely to be applied to this purpose, especially as (if we may judge from what has *not* been done) it still remains entire. I ask the Committee, have there, since they have received this accession to their funds, have there been more intern patients admitted? have there been more extern relieved? has the overburthened and meritorious apothecary (Mr. M'Dermott) received an assistant? has any augmentation of the building been contemplated? or has what there is of it been kept in better order by an increased number of domestics? No, nothing of this kind has been done; the number of patients has been reduced, their diet restricted, the externs still sigh daily in a narrow hole, the entire house is disgustingly filthy, the ill-ventilated wards swarm with vermin, and the nurses and servants are, perhaps, the worst in Dublin; in a word, inadvertency has degenerated into habitual neglect, and inattention has become confirmed carelessness.

In laying before the public this statement, I am influenced alone by the desire of seeing that which is deficient, supplied; and that which is wrong, ameliorated. *Money* is *not* wanting; and the surgeons could and ought to find time to convince the Committee of the facility and practicability of measures which would render Jervis-street Hospital, though small, useful to the public, and peculiarly advantageous to surgical pupils.

By inserting this letter you will oblige,
Sir, your
Sincere admirer and well-wisher,

PARRHESIADES.

P. S. The surgeons of this hospital I leave to "Erinensis," if he thinks them worthy of a notice, which many of them would, I believe, be well content to purchase, even at the expense of his criticism.

LEECHES.

To the Editor of THE LANCET.

DEAR SIR—If you think this fact worthy of insertion in the pages of your valuable publication, I shall be most happy to see it offered to my fellow-labourers in the profession. From the great abundance and trifling expense of leeches, you may conceive it ridiculous in me to request such a favour; but, as they cannot at all times and hours be obtained in sufficient numbers, my plan of using them will enable any one to make six extract as much blood as six and twenty. The other night I had occasion to apply some leeches on my own person. I could obtain only half a dozen, without sending a very considerable distance for them. The following is the plan I adopted: I applied them all very easily, but the difficulty remained in this light, How were they to be applied a second time, as the manner in which they are usually cleansed kills them, or nearly so? Instead then of applying to them salt, as is the general custom, I immersed them in a cup of vinegar, and either from the peculiar effect of the acid, or their own effort to extricate themselves, they gradually contracted themselves till they had disgorged all the blood they had lately imbibed. They were then washed in a little clean water, and applied again to the same orifices, which some of them adhered to, whilst others preferred making fresh ones. In this manner each of them was tortured four or five times, after which the whole were put into clean water, and appeared as lively as at the first.

Allow me to subscribe myself,
J. G. R.

HOSPITAL REPORTS.

GUY'S HOSPITAL.

Case of Fractured Ribs, with Wound of the Lungs.

P. C., a fine muscular young man, was admitted into the accident ward of this Hospital, about eleven o'clock a.m., on Dec. 8th, under the care of Mr. Morgan. The patient had received severe injury to the right side, in consequence of having been crushed between the wheel of a waggon and that of a cart when in the act of passing each other.

On examination, the right clavicle was

found to be fractured; several of the true ribs on the right side were broken near to their angles, and it was discovered that the second, third, and fourth ribs were also fractured near to their junction with the sternum. The patient experienced much pain when pressure was made upon the fractured portions, and the act of inspiration was difficult and painful.

As the constitution, generally, had sustained a severe shock, and as there was considerable depression of all the vital powers, venesection, which appeared to be indicated from the extent of injury done to the ribs, was not had recourse to until after a lapse of two or three hours, at which period re-action had taken place. Sixteen ounces of blood were then abstracted from the arm, and in the evening twelve ounces, by means of cupping upon the chest.

Nov. 9. There is very great difficulty in respiration; the countenance is anxious, and somewhat of a livid hue. The depression of the sternum was apparent on the right side, at that part where the fractured ribs were separated. The patient had been copiously bled from the arm previous to our visit, which had reduced the pulse, for it was now compressible.

In the evening, about five o'clock, we found the symptoms very urgent; respiration performed with great difficulty, and the lividity of the countenance increased. The "mucous guggle," upon inspiration, was distinctly audible to the by-stander, and upon applying the ear to the chest the sound of air rushing through fluid was very perceptible; notwithstanding the present symptoms indicated a wound of the lungs, two usual symptoms were absent, namely, hæmoptysis and emphysema. The patient's pulse at this period was upwards of 130 beats in a minute, and contracted, and there was a full expansion of heat on the surface of the body.

Soon after the date of the preceding report the patient was bled freely from the arm, and cupping glasses were applied to the chest. The symptoms were certainly much alleviated by venesection, and this was observed of the former bleedings. The poor man, however, expired about half-past seven o'clock in the evening, being a period of about thirty hours from the receipt of the injury.

Post-mortem Examination.

The thorax was laid open, and there was found to be an effusion of upwards of a pint of fluid on the right side of the chest, which appeared to be nearly pure venous blood; the right lungs were collapsed and felt solidified, and there was a small wound on the fore part of the lungs. Upon inflating them by means of a pair of bellows introduced into the trachea, this wound was found to be opposed to the fractured portion of the second rib, which was broken immediately at that part where it becomes cartilaginous. It is somewhat singular, that the third, fourth, and fifth ribs were fractured through their cartilages, because these parts were not ossified and were readily cut through with a scalpel. The left lungs were healthy, but there was a slight quantity of serous effusion into this side of the chest. It may be remarked, that the wound in the right lung had not penetrated deeply, and it was situated at the thin sternal margin of the lobe.

ST. THOMAS'S HOSPITAL.

Case of Rupture of the Intestine, produced by violent Contusion of the Abdomen.

A poor Irishman, who had received severe injury to the abdomen, was brought to the Hospital on Monday afternoon, Nov. 21, about four o'clock, and was admitted into Williams' Ward, under the care of Mr. Tyrrell. The patient was a man of spare habit, apparently about 40 years of age, and the accident occurred under the following circumstances:—

A large stone, supposed to weigh nearly 8 cwt., which was placed some distance above the poor man, fell from its situation, at a time when he was engaged in some laborious occupation beneath; the line of direction, however, in which the stone was falling was altered by its striking against some projecting body, and falling thus obliquely it struck against the abdomen of the patient. He was knocked down by the force of the blow, but he speedily recovered himself, jumped up, and ran across the road; he soon, however, became exceedingly faint, and was conveyed to the Hospital about half an hour after the receipt of the injury.

On admission, the following symptoms were present:—The pulse was exceedingly feeble, and the respiration slow the countenance pale, and the lips exsanguineous; the whole surface of the body was cold, and there was great prostration of strength. From this combination o symptoms it was evident the system had sustained a severe shock, against which nature was feebly struggling. The poor man was quite conscious, and he complained of much pain in the abdomen, more especially in the pubic region. It was ascertained that he had emptied his

bladder about ten minutes previous to the occurrence of the accident.

The patient was placed in bed, covered with warm clothing, and bottles, filled with hot water, were applied to the feet. There was something peculiarly characteristic in the position of the patient when in bed; he lay on his right side, with his thighs bent upon the body; it is worthy of remark, that there was at this period no tumefaction of the abdomen; the integuments were slightly ecchymosed.

At five o'clock the radial pulse had not rallied in the slightest degree; there was, however, a little warmth on the surface of the body. The dresser introduced a catheter, but could not pass it further than the prostate gland. At the conclusion of the surgical lecture Mr. Green visited the patient, (this was about nine o'clock.)

The abdomen was now considerably distended, and the patient complaining of excruciating pain; the pulse had not increased either in force or frequency. Mr. Green succeeded in passing a catheter, and drew off about three-quarters of a pint of urine tinged with blood. He directed warm fomentations to be applied to the abdomen, and thirty drops of laudanum to be taken immediately in camphor julep; this his stomach almost instantaneously rejected.

At midnight the dresser visited the patient, and found him still complaining of agonising pain; there was great thirst, and he frequently and eagerly drank of toast and water. Pulse still feeble.

22. At nine o'clock in the morning we find that no improvement has taken place in the condition of the patient; the circulation is still languid. The poor man expresses great apprehension of death; the abdomen is very much distended and painful upon pressure, and the same position is observed as at first, namely, lying on the right side with the thighs flexed. The pain is still excruciating and thirst unabated. During the night a small quantity of turbid urine was passed, and the patient obtained about three hours' sleep from a dose of laudanum which was exhibited to him by the dresser at midnight.

At three p.m., we found the poor man evidently fast sinking, the pulse at the wrist was scarcely distinguishable, the pain, distension of the abdomen, and other symptoms enumerated above continue unabated.

At six p.m., the pulse had entirely forsaken the wrist, the taper of life, however, continued faintly glimmering for many hours, and it was thought advisable by the dresser to administer some stimulant, in order to fan that spark of life (hopeless task!) which yet remained; with this view the dresser applied to the apothecary for some wine, about half-past eight o'clock in the evening. Mr. Whitfield with that *laudable anxiety* for the patient's welfare, which so peculiarly characterises him in the discharge of his *arduous* duties, requested Mr. Whitfield, junr. to visit the poor man. Be it remembered at this period the pulse was not perceptible at the wrist, the extremities were cold, and the features collapsed. the following plan was directed:

Twenty-four leeches to be applied to the abdomen, and the warm fomentations to be continued!!

At ten o'clock, according to the report of Mr. Tyrrell's dresser, which was read at the Clinical lecture, the patient was evidently dying, this we suppose was not the opinion of Mr. Whitfield, junr., for he directed the further application of *twelve leeches to the abdomen!!!*

At eleven o'clock the patient expired, during the application of the last leeches.

Post-mortem Examination.

On laying open the abdomen, the peritoneum lining the parietes, and also that portion investing the intestines, was found in a state of extreme vascularity, and this more especially on the right side of the abdomen. A layer of soft yellowish lymph was spread over the whole surface of the peritoneum, and the convolutions of the small intestines were glued together by means of this adhesive matter. There was a considerable quantity of a brownish-coloured fluid in the cavity of the abdomen, in which were portions of alimentary matter, and upon tracing the intestines, *a rupture was found in the jejunum*, about three hands' breadth from the termination of the duodenum. The opening in the intestine was of sufficient size to admit of the little finger. The duodenum was found to be filled with half-digested food; its internal surface and also that of the stomach presented a healthy appearance. In addition to the extreme vascularity of the peritoneal covering of the intestines, there were, in different parts, distinct spots of ecchymosis or extravasation; the mucous membrane was free from disease.

ST. BARTHOLOMEW'S HOSPITAL.

Morbid Anatomy—Typhus Fever.

Last week, Dr. Latham sent Mr. Stanley some extensively diseased intestines, (taken from a female who had died the day previously of typhus fever,) which

he was desirous should be shown to the pupils. The symptoms being at no time so severe as to indicate any such extensive visceral disease. The valvulæ conniventes of the jejunum were considerably indurated with a deposition of a very thick kind of lymph, which it was requisite to scrape off before the mucous membrane could be exposed. This membrane was highly inflamed, and in some places distinct patches of ulceration, about the size of a pea, had extended through the coats of the intestine to the peritoneum, more numerous towards the termination of the ileum. The stomach was also highly inflamed, and in the intestines was found a moderate quantity of the same kind of fluid as that which had been passed a day or two previous to her dissolution. The membrane and substance of the brain were in a natural state.

The following are the particulars of the case: Mary Head, aged 19, stated, on her admission, that a week previously she had been seized with shivering followed by heat, and a violent pain in the head. The latter symptom had continued ever since, but in a less degree, with delirium at night. On the day she came to the Hospital, she complained of pain on pressure at the pit of the stomach, and was labouring under general febrile symptoms of rather an aggravated form. Pulse frequent, 140. Eight leeches to the seat of the pain, and the same number to the forehead, and the compound chalk pill, with mercury,* every six hours; milk diet.

14th. Has passed a comfortable night, and the pain is entirely gone; great prostration of strength; anxiety of breathing and cough; bowels open twice; pulse feeble, 122.

15th. The abdomen is tense, but complains of no pain on pressure; tongue coated and red at the edges; respiration easier and cough less troublesome; pulse, 126.

Omit the pills, and let her take two grains of calomel, and two of antimonial powder, every six hours.

16th. In the early part of the night she moaned considerably, but on the bowels acting freely she appeared easier; tongue dry and brown; experiences no pain on pressure over any part of the abdomen; pulse much firmer than yesterday, 120; ordered to take half an ounce of castor oil, with five drops of laudanum, and to repeat the former pills; fomentation to the abdomen.

17th, 18th, 19th. The oil was repeated twice, but without the laudanum; the tongue has become moist, and upon the whole she is improved; the fomentations and pills to be repeated.

20th. Tongue again dry; has passed several loose offensive stools through the night of a very dark colour; breathing very anxious; pulse small and compressible, 106.

21st. Pain and purging have ceased; repeat the pills, and ordered to have six leeches to the abdomen, and afterwards fomentations.

22d. Tongue moist, and bowels constipated; pulse firmer, 107; slight heat of surface. Calomel, one grain; jalap, five grains; to be taken directly, and repeated at night if requisite.

23d. Feels better; bowels open once; no pain in the abdomen; pulse, 92; a drachm of the sulphate of magnesia in camphor mixture, to be taken three times a-day.

24th. Last night bleeding took place from the nose, and she has lost about an ounce altogether. The urine voided a few minutes since resembles in appearance strong senna tea; complains of no pain; pulse frequent, 112.

25th. More hæmorrhage; has lost a pint since yesterday morning; three or four thin black stools have been voided, and the urine continues of the same colour as the former; tongue dark and dry; pulse fluttering, 116; ordered strong broth; and to omit the medicine.

26th. Has lost another half pint of blood; stools and urine as yesterday; pulse, 126. She was delirious all night; calomel 10 grains, opium one and a-half grains, immediately; to take comp. sulph. æther in camphor julep every hour, and to continue the fomentations.

She continued, however, gradually sinking till the following morning, when she died.

Case of Necrosis.

J. Blackwell, a fine, florid child, nine years old, had been accustomed to assist his parents in making bricks. One evening, in the early part of the month of May, shortly after his return home with his father from work, he suddenly complained of an excruciating pain in his right leg, which was soon followed by an enlargement of the parts along the course of the bone. On the third day after the attack he was brought to the Hospital,

* It was in this form that mercury was first ordered for prisoners in the Penitentiary. It is composed as follows:—Take Dover's powder, quicksilver with chalk, of each two and a half grains.

and admitted under the care of Mr. Lawrence. At this time a rather violent, but somewhat circumscribed, inflammation was observable on the anterior surface of the limb, accompanied with very acute pain. In a few days subsequent to his admission four abscesses had formed, which were opened, and nearly half a pint of ill-conditioned matter escaped. The pain now became much less. The limb was treated with poultices, and an issue was afterwards made in the upper and back part of the leg, and kept open for near two months. The inflammation continued for some time after the abscesses were punctured, but was eventually subdued.

In the early part of July, such extensive erysipelatous inflammation attacked the limb as to threaten the life of the patient, requiring the most active and vigorous measures for its removal; the child's health now became necessarily much impaired, and it is only within a short time that he has completely recovered it. For some weeks past he has taken his food with a good appetite. The abscesses never closed, but degenerated into small fistulous sores, sometimes discharging a thin sanies, at other times matter of a more purulent kind. Corresponding to these fistulous sores were apertures in the new osseous shell, and consequently, by means of a probe the *sequestrum* was very easily distinguishable; it was, we believe, from the circumstance that the middle portion of this sequestrum was found to be superficial, while the ends, or edges, were overlapped by the new bone, that the operation was deemed expedient. On Saturday Mr. Lawrence had the boy removed to the operating theatre and performed

"*The Operation.*

He commenced by making a longitudinal incision about seven inches in extent over the most superficial part of the tibia, and this included three of the fistulous openings; the other being situated lower down and more on the inner side; a transverse incision was next made across the centre of the other to the extent of about four inches, and the four triangular flaps dissected back. The external surface of the bone being thus exposed, a longitudinal aperture was with some difficulty made through it, (with one of Hey's saws,) of sufficient extent to admit the insinuation of an elevator. A portion of the external surface of the bone was then broken off, and the piece of dead bone became exposed, this was taken hold of by a pair of pincers and with some difficulty withdrawn. It was a very thin shell, ragged at the edges, and about one and a half inches in length. To call it sequestrum, perhaps, would not be strictly correct, since it was found to be adherent to the internal surface of the new bone. It was not thought proper to open the other orifice on the inner side of the leg, as it was considered the small bit of dead bone corresponding to it would soon be absorbed. The parts being carefully sponged, the integuments were brought loosely together by straps of adhesive plaster, and a little simple dressing applied over it; up to the time of closing our report the little boy has gone on remarkably well.

Amongst the persons lately admitted with accidents, was Joseph Wessels with a fracture of the patella. This individual was formerly a pupil to the late Mr. Robinson, was afterwards a dresser to Mr. Pitt, and subsequently became house surgeon of this Hospital, succeeding a gentleman by the name of Pennington, then house surgeon to Mr. Pott. In the early part of his life he went abroad, and eventually settled in Jamaica. Some professional business calling him to Carthagena, he went there, and was on his return when the vessel fell in with a piratical schooner and was captured. The crew and himself were landed on a barren part of the coast of Mexico; and after experiencing many privations, they at length reached a small town in the possession of the "Patriot army," which they joined. After encountering many hardships and battles, he was at length taken prisoner by the Royalists, and sent to Vera Cruz, where he was sentenced to eight years' close confinement in a dungeon. As might be expected, a few months of such confinement was sufficient to occasion alarming disease, and as a favour he got removed to the hospital. The physician, learning his misfortunes, had a letter secretly conveyed to Captain Dunn, of the Rifleman sloop of war, who the next day demanded him to be given up. He now returned to Jamaica again, and, after collecting his little property together, had embarked on his return to England, when the vessel was overtaken by the late hurricane and completely lost. After floating on the wreck for two days, they were picked up by an American vessel and carried to South Carolina, whence he proceeded to New York, and was sent home by our consul as a distressed subject. The surgeons and pupils of this Hospital have kindly presented him with a few pounds. As he had been a medical pupil to our pre-

sent senior physician, Dr. Roberts, the students solicited his donation, when, on being asked what he would be pleased to give, the Doctor magnanimously replied—"*nothink!!*"

ST. GEORGE'S HOSPITAL.

Case of Injury of the Head.

I. Awbrey, aged 26, a labourer, was admitted into the Hospital October 21, under the care of Mr. Keate. It was stated that he had fallen down a staircase whilst in a state of intoxication, when discovered he was found to be perfectly senseless, and remained in that state till brought here, which was about half an hour after the accident. When admitted into the Hospital there was found to be an extensive lacerated wound of the scalp, over the lamdoidal suture; the bone, however, was not denuded. The patient had stertorous breathing; the pupils were dilated and not obedient to the stimulus of light; there was an entire loss of voluntary motion; pulse labouring and irregular; the surface, but more especially the extremities, were of a low temperature. It was resolved to wait until re-action had taken place. The wound of the scalp was dressed with adhesive straps, and the patient put to bed. The spirit lotion to be applied to the head. 10 o'clock a.m., slight re-action has taken place, the temperature has increased, and the patient has vomited twice; pupils still dilated; still insensible; eighteen ounces of blood to be taken from the temporal artery, and a dose of house physic to be administered.

27. This morning we found that all the bad symptoms that were present yesterday had disappeared. The patient perfectly sensible, and expressing himself as being free from pain or headach; pupils act naturally; pulse 100; tongue slightly furred; the medicine taken yesterday has not operated; he was directed to be bled to ʒxij., a linseed meal poultice to be applied to the head, and to take the following draught every four hours:

Infusion of roses, ʒiss.
Sulphate magnesia, one drachm.

28. Has passed but a very indifferent night. There is great pain and tenderness all over the scalp, which is of a high temperature; the patient is very restless and feverish, and complains of giddiness and great thirst; tongue dry and parched; pulse 110, full and strong, bowels freely open; the saline draught with the addition of a scruple of epsom salts, and half a drachm of antimonial wine, to be taken every three or four hours, and repeat the bleeding to ʒxij.

29. In consequence of the symptoms having increased, and which still remain, (namely, pain in the head accompanied with delirium,) it was necessary to repeat the bleeding yesterday evening to ʒviij.; the pulse is still full and jerking; tongue dry and furred; great thirst; ordered to continue the saline draught, and to repeat the bleeding to ʒxiv.

30. Much relieved; pain in the head and the delirium have subsided, and he slept well in the night; the wound discharges freely, and there is less puffiness of the scalp; pulse, 80; tongue moist; less thirst; repeat the medicine.

31. Not so well as yesterday; erysipelas has attacked the face, which appears to be rapidly spreading down the neck; the wound of the scalp has a glossy appearance, and the discharge, which before was healthy, is now thin and offensive; pulse soft and weak; tongue less furred; the saline draught to be discontinued. Infusion of bark, an ounce and a half; aromatic confection, one scruple; to be taken every four hours; calomel, three grains, rhubarb, ten grains; to be taken in the morning; ordered full diet, with porter.

Nov. 1. Did not sleep well; complains of pain in the head; great puffiness of the whole scalp; erysipelas with vesications of the face and neck; pulse weak, and irregular; bowels have been freely open.

2. Rather better; pulse, 120, extremely weak; says that he has less pain in the head, and there is less puffiness of the scalp; erysipelas does not seem to spread any farther. He was ordered four ounces of port wine daily, with beef tea and arrow root.

3. Passed a very comfortable night; pulse, 94, and moderately firm; tongue dry and furred; bowels have not acted since yesterday; the skin is dry and hot, and the patient complains of great thirst. He was directed to take ten grains of the compound ext. coloc. at bed-time, and let three drachms of the liq. ammon. acet. be added to each dose of the bark.

7. Going on well; wound of the scalp looks healthy, and is fast healing; erysipelas disappearing with desquamation of the cuticle; ordered to continue the medicine.

10. Continues to recover; health and appetite greatly improved; erysipelas has entirely gone off; wound of the scalp nearly healed; pulse, 64. The former draught to be omitted; and to take an ounce and a half of the infusion of bark, with twenty drops of diluted sulphuric acid, three times a-day.